PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08106

* 8105 CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DE	CEASED:
COUNTY Magers town Wash. MARYLAND	STATE Maryland COUNTY	Weekington
CITY (If outside corporate limits, write RURAL, LENGTH OF STAY)	CITY(If outside corporate limits, write R)	
OR and give nearest town) TOWN Hagerstown, Md. (in this place) 45yrs.	OR TOWN No come town No.	S.O. San Sun
HOSPITAL OR	STREET (If rural give It	
INSTITUTION OR	ADDRESS	
STREET ADDRESS Washington County Hosp.	3366Blooms Co	
DECEASED:	Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) George Bari	dams DEATH: 89	15 19 55
Male 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDOWED, DIVORCED, (Specify): Widowed April	15 1884 9. AGE last birthday Mon	nths Days Hours Min.
OA. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country)	: 12. CITIZEN OF WHA
work done during most of working life, even if retired) Laborer W. Md Railroad	Tikellers W. Va.	USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	1 0021
Mank. To Admir	Elizabeth Smith	
Neah Fr Admas	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service) 205-10-7435	Mrs. Bertie Yates	
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	ive Cordis-Pascular Ezed arterio-Sa	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
0 0		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, facts of CONTRIBUTING CAUSE OF DEATH OF INJURY street office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	(County) (State)
OF INJURY OF Work (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 19 to, 1905, that	I last saw the decease
	M, from the causes and on the	date stated above.
	D.	8/17-1/6
BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY)	RY OR CREMATORY LOCATION (City, t	town, or jounty) (State
Burial 8-18-1955 Rose Hill	Cemetery Hagerstown	Maryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18	08107
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8143 CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Washington MARYLAND	STATE Maryland Washington COUNTY
CITY (If outside corporate limits, write RURAL LENGTH OF ST.	AY CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN (in this place)	OR
Rural Hancock 75 Irs	RUFAL DARCOCK MG.
HOSPITAL OR INSTITUTION OR	STREET (If rurnl give location)
STREET ADDRESS Home	R.F.D.1 Hancock Md.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
	arnhart DEATH: 8 30 19 55
5. SEX: S. COLOR OR 7. SINGLE, MARRIED, 8. DAT	TE OF BIRTH: 9. AGE last birthday: If under 1 YEAR IP under 24 Hrs.
M WIDOWED, DIVORCED, (Specify): Widowed Se	yrs. Months Days Hours Min.
10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS	OR II BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
work done during most of working life, INDUSTRY:	COUNTRY?
work done during most of working life, even if retired) Farming 13 FATHER'S NAME: FATHER'S NAME:	Fulton County Penna. U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Barnhart	Not Known
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service)	
NO NOME	Theodore F Barnhart Route 1 Hancock Md.
18. MEDICAL CERTIFICA	ATION Interval Between
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Onsof And Death
Joly Muchal	Nemonkaal & home
Immediate cause (a)	
Antecedent causes (s)	to the state of th
Diseases or conditions, if any, giving rise to the above cause	meyor
stating the underlying cause last. DUE TO	
(c) Navarrel	of Willias Property
11. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATIO	ON 20. AUTOPSY ?
	Yes No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, str	
SUICIDE OF office bldg., etc.)	(0000007)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED	HOW DID INJURY OCCUR?
OF While at Not While	
At WOLK	
22. I hereby certify that I attended the deceased from	1957 to 1953, that I last saw the deceased
alive on 8-10, 1955, and that death occurred at	8.15AM from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
HONGOUTE K. Thier MA	Nancock N/A 8 131-55
23. AVURIAL, CREMATION DATE THEREOF NAME OF CEME	TERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial (Specify) 9.2.55 Mt Olivet	Cometers Honocal Woshington Wa
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Cemetery Hancock Washington Md
REGISTRAR	House of of the Homes a mal
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

8106

FOR MEDICAL EXAMINERS

Reg. Dist. No.

correct of information carefully death clearly and legibly. ly every item the causes of d Supply write INK. Physicians: C C WITH important PLAINLY, sespecially i 2 V

FOR

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I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. WASHINGTON WASHING TON MARYLAND MARYLAND CITY (II outside corporate limits, write RURAL and give nearest town)
OR RURAL HAGERSTOWN CITY (If outside corporate limits, write RURAL and OR gift AGERSTOWN LENGTH OF STAY (In this place) HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET (If rural, give location) ADDRESS RT.#4 3. NAME OF 4. DATE (Month) (Year) (First) (Middle) (Last) (Day) DECEASED BARTLES PERCY GLENN AUGUST (Type or Print) DEATH 155 6. COLOR OR RACE SINGLE MARRIED, DIVORCED, 8. DATE OF BIRTH 9. AGE last birthday | If under I year | If under 24 hrs. Months | Days | Hours | Min. WHITE MALE (Specify) 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or loreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, even if retired)
LABORER STORE HOUSE

13. WILLIAM BARTLES Country's A. TRATE ROAD MARYLAND 14. MOTHER'S MAIDEN NAME SUSAN E. KING RT.#4 15. WAS DECRASED EVER IN U.S. ARMED FORCES?

(Yell 15. or unknown) (If yee, give mar and dates of service) We will find the service of the se 17. INFORMANT AND ADDRESS 16. SOCIAL SECURITY NO. HAGERSTOWN MR. VICTOR O. BARTLES 722-12-3037 18. MEDICAL CERTIFICATION INTERVAL BETWEEN 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause (a).. Antecedent cause(s) Hypertensive cardio vascular disease 5yrs Diseases or conditions, if any, giving rise to the above cause coronary occlusion ----Acute stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 20. AUTOPSY? 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION none Yes [] No 🗗 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) PRIMARY OR CONTRIBUTING CAUSE OF DEATH. office bldg., etc.) none TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not while none INJURY work at work 22. I certify that I took charge of the remains described above, held an Autopsy [], Inspection Z, Inquiry [] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X] accident [], suicide [], homicide [], undetermined []. SIGNATURE DATE SIGNED 15 N. Potomac St- Hagerstown, Md. 8-16-55 23. BURIAL, CREMATION REDGVAL (Specify) LOCATION (City, town, or county) (State) DATE REC'D BY LOCAL I ADDRESS

BUREAU V. S.

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BECEINE

MARYLAND STATE DEPARTMENT OF HEALTH

8103

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08109

Reg. Dist. No. 302

1. PLACE OF DEATH- COUNTY		2. USUAL RESIDENCE (CONTRAPRSE	T733	-1-
Washington CITY (If outside corporate limits, write R)	MARYLAND	CITY (If outside corpo	.no	AT 1 -1	Frederi	.CK
OR give nearest town Town	(in this place) 3 Months	II UB	t of Rocks		nearest town	
HOSPITAL OR		STREET	(If rural, give l			
8/ INSTITUTION OR Washington	County Hospital	ADDRESS				1
3. NAME OF (First)	(Middle)	(Last)	4. DATE (M	(onth)	(Day)	(Year)
DECEASED (Type or Print) RUTH	ELEANOR	BENNETT	OF DEATH AU	igust 2	22.	19 55
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE last birthday	I If under 1	vear IIf unde	er 24 hrs
Female White	(Specify) Seperated	Jan. 1, 1905	50 ym.	Months	Days Hours	Min.
done during most of working life, even if retire	rk 10b. Kind of Business or Home	11. BIRTHPLACE (State		12.	CITIZEN OF	WHAT
	l nome	Maryl			UDA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN				
James F. French			Anderson			
15. WAS DECRASED EVER IN U.S. ARMED FOR	CES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND				
(Yes, no, or unknown) (If yes, give war or dat	?	James M. Frenc	h, Point of	Rocks,	Maryla	and
	18. MEDICAL CE	RTIFICATION			7	and the same
I. DISEASES OR CONDITIONS DIRECTI	Y LEADING TO DEATH				INTERVAL BI	
1744	1/11.1-1.	Proce	w-11 ka	1.		
Immediate cause (a).	Mulastalii	elle solle a	7 160 000	49-		
	Ω	of the Other				
Antecedent cause(s) Diseases or conditions, if any, (b).	(Decales a	of the Well	110 -			
giving rise to the above cause						
stating the underlying cause last						
11. OTHER SIGNIFICANT CONDITIONS						
Conditions contributing to the death but no related to the disease or condition causing of	leath.				3	
19a. DATE OF OPERATION 19b. MAJO	R FINDINGS OF OPERATION				20. AUTOP	SY?
X/					Yes 🗍	MXN
SUICIDE	LACE (Home, farm, factory, street, F office bldg., etc.) NJURY	(CITY OR	TOWN) (COUNTY)	(STATI	E)
TIME (Month) (Day) (Year) (Hour		I HOW DID INJURY OF	CUR?			
OF INJURY n	While at Not While					
22. I hereby certify that I attended	//		/			
alive of 21 Jug, 1955,	and that death occurred at	A m. from the	causes and on the	e date sta	ted shove	
SIGNATURE /	(Degree or title)	ADDRESS	4	- Auto 500	DATE SIC	NED
Ahr. Julalelie	M.D.	115 Kung St	teel	22	aug 19	-55
23. BORIAL, CREMATION DATE THE	REOF NAME OF CEMETE	CRY OR CREMATORY	LOCATION (City, tow	n, or county	y) (St	ate)
23. BORAL CREMATION DATE THE REMOVAL (Specify) Cremation Aug. 25	1955 Fort Lincoln		Washington			
DATE REC'D BY LOCAL REGISTRAT	R'S SIGNATURE	24. FUNERAL DIRECT	OR	8 9	ADDRESS	
1359 73, 1955 Lun	storacoel	M. R. Etchiso		derial		
majoris in the	7/1-70-	1 In the Duciliso	II C DOII, TIE	del TCk	o mary	and

BUREAU V. E.

DATE REC'D BY LOCAL

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ADDRESS

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Minnich & Son

BUREAU V. E.

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8144

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	D:
COUNTY MARKET NC TO ALL MARYLAND	STATE MARKI AND COUNTY MACH	INC TON
COUNTY WASHING TO MARYLAND CITY (If outside corporate limits, write RURAL (in this place) OR and give nearest town)	STATE MARWAND. COUNTY WASH CITY(If outside corporate limits, write RURAL a OR	
X TOWN BEAVER CREEK-RORAL LIFE	TOWN BEAUER CREEK -	X LASILS
HOSPITAL OR	STREET (If rural give location)	/
INSTITUTION OR STREET ADDRESS LANCE DE TANAL DE IND. 12.1.	ADDRESS	
14/4/5/52/04/1/ 14/1/ 1/1/		. 13.1
DECEASED:	OF	Day) (Year)
	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	
DAGE WIDOWED DIVORCED	Months D	Days Hours Min.
MALE WHITE (Specify): (Specify): (ARRIED MAY- (Specify): (Spec	20 - 1905 50 - 2 - 25 rs. 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
work done during most of working life, OR INDUSTRY:	0	COUNTRY?
ORINDER PANCBORN CORP.	BEAVER CREEK WASH. CO.MD.	USIA
	Carrie Fulton	
IS, WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Vee no or unk) (If Yes give war or dates		
YES of service N. 2. 214-09-6113	MRS. ELSIE BOWERS HAGE	ERSTOWN MD.
18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
420.1 Corner	17. har-	1 .1
IMMEDIATE CAUSE (A)	ary brombres	6 was
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY. (B)	V	,
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING ☐ 21a. PLACE (Home, farm, factor of the control of		(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?	
M. at work at work		
22. I hereby certify that I attended the deceased from	3, 1907, tolley / 1, 194 , that I last	saw the deceased
Alexander School	AP.	
	M, from the causes and on the date	
SIGNATURE	ADDRESS DAT	TE SIGNED
	I.D. 1600 W SOUTH SOUTH	1-11/11
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETI	ERY OR CREMATORY LOCATION (City, town or	
	CREEK CEMETERY BEAVER	CREEK IYID
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REGISTRAR, 1955 John W. Wast	WM.F. BAST AND SONS 1300	NSBORD MID.
	THE THE TOTAL TOTAL	HARDONA LAIN

WM.F. BAST AND SONS

MARGIN RESERVED FOR BINDING

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BURIAL, CREMATION REMOVAL (Specify)

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

Reg. Dist. No. 302

2. USUAL RESIDENCE (HOME) OF DECEASED: Washington Maryland COUNTY COUNTY Washington STATE MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) OR TOWN (in this place) TOWN Hagerstown Hagerstown davs HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS 105 N. Locust Street STREET ADDRESS Washington County Hospital 3. NAME OF (Year) 4. DATE (Month) (DRY) (First) (Middle) (Last) DECEASED: CLAYTON BRANDENBURG August 20 (Type or Print) DEATH: 5. SEX: COLOR OR 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. 7. SINGLE. MARRIED. RACE: WIDOWED, DIVORCED, Months Hours White October 23, 1887 Male (Specify): Widowed 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION..Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): work done during most of working life, even if retired): Machinest Dairchild Aircraft COUNTRY? Fraderick County Maryland U.S.A. 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: Lousia C. Grossnickle Levi H. Brandenburg 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of 219-05-2163 Mr. Harry E. Brandenburg Hagerstown, Md. service) no 18. MEDICAL CERTIFICATION Interval Between 1. DISEASES OR CONDITIONS DIRECTLY LEADING Onset And Dech 42.0.0 Immediate cause Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death, 20. AUTOPSY ? 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Yes I No I (COUNTY) (STATE) ACCIDENT (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) SUICIDE office bldg., etc.) INJURY HOMICIDE TIME (Month) (Day) (Year) (Hour INJURY OCCURED HOW DID INJURY OCCUR? While at Not While INJURY Work At Work 22. I hereby certify that I attended the deceased from 194, 19, that I last saw the deceased .19, and that death occurred at 2.5 alive on from the causes and on the date stated above. DATE SIGNED ADDRESS

B SE EA

Smithburg, Maryland Smithburg Ceme tery DATE REC'D BY LOCAL 24. FUNERAL DIRECTOR C. M. Suter & Sons Hagerstown, Maryland

scon.

LOCATION (City, town, or county)

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No...

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8145

FOR MEDICAL EXAMINERS

I. PLACE OF DEATIL-2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY COUNTY VASHINGTON WASHINGTON MARYLAND MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town) (in this place) ASIUZ TOWN KURAL HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET (If rural, give location) ADDRESS KNOXVILLE KNOXYILLE MD. R. 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED OSEPH DEATH AUGUST (Type or Print) HOMAS ROWN 1955 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 9. AGE last birthday | If under 1 year | If under 24 hra | Months | Days | Hours | Min. 8. DATE OF BIRTH COLORED MAV- 23-18821 (Specify) MARRIED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? FREIGHT HAN 13. FATHER'S NAME HANDLER - RETIRED - B + O . R . Co WASH, Co. IVID. ALBERT BOWN ELIZA SMALL WOODE 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) (If yes, give war or dates of service) 219-01-7385 MIRS. AMANDA BROWN KNOXYILLEMD. R.L. 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Cerebral Hemorrhage 24 hrs Immediate cause Antecedent cause(s) Starvation & exhaustion Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not Mentally Ill related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION . 20. AUTOPSY1 None 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) OF office bldg., etc.) PRIMARY OR CONTRIBUTING CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) HOW DID INJURY OCCUR? INJURY OCCURRED While at Not while Nand work at work 22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry . thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated obove, and death in my opinion resulted from: noturol causes , accident , suicide , homicide , underermined .
IGNATURE , DORESS SIGNATURE DATE SIGNED D DEPUTY N. Fotomac St- Hagerstown, Md. 23. BURIAL. CREMATION CEMETERY OR CREMATORY

SECENED SEC

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

> 8110

Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING

OR WRITE PLAINLY, WITH UNFADING INK.

PLEASE TYPE

VS. A15

CERTIFICATE OF DEATH

Reg. Dist. No. 303

? SHU CERTIFICATI	E OF DEATH Reg. Dist.	No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):
COUNTY Washington MARYLAND	STATE Maryland COUNTY Washi	neton
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL at OR	nd give nearest town)
HOSPITAL OR	STREET (If rurs give location)	03
8/ STREET ADDRESS Washington County Hosp.	458 Sumans Avenue	
DECEASED:	OF	Pay) (Year) 26 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YI Months Di	
Male Colored (Specify) Widowed June	8 1889 66 yrs.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tarm Larm Larm		CITIZEN OF WHAT COUNTRY? SA.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	VA.
Daniel Calaman	Mary L. Thomas	
(Yes, no, or unk.) (If Yes, give war or dates of service) 18. Social Security No.	Charles Washington 458 St	ımans Ave
18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	// /	ONSET AND DEATH
MMEDIATE CAUSE (A) Whenate	i Heart Disease -	years.
ANTECEDENT CAUSE (S)	Enterte -) da
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		73.
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
		YES A NO
21A. ACCIDENT WAS UNDERLYING \(\bigcup \) 21B. PLACE (Home, farm, factor of contributing \(\bigcup \) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	etory, etc. 21c. WHERE DID (City or town) (County, etc. INJURY OCCUR?	y) (State)
OF INJURY	D 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from V/1.	3 , 103 , to 6/ 26, 19 1, that I last	saw the deceased
SIGNATURY 8	Magloran /101	stated above.
	TERY OR CREMATORY LOCATION (City, town, or	county) (State)
23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETRE REMOVAL (SPECIFY) 8-31-1955 Red Hill C		

SEP & 1955

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DECENAED

the Rholes of Hayestring Bed

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	HEALTH—BALTIMORE, 18	Keg. Dist.
MEDICAL EXAMINER'S CER	RTIFICATE OF DEATH	No. 305
PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Washington MARYLAND	STATE Maryland county Washin	gton
OR and give pearest town) TOWN FUNKSTOWN Md RFD 40A LENGTH OF STAY (in this place) 10 yrs.	OR 13 . Ma Dan to A	
HOSPITAL OR INSTITUTION OR STREET ADDRESS FUNKS TOWN Md. RFD 40 A	STREET (If rural, give location) ADDRESS Funkstown Md. RFD 4	0 A
NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) Carl	Chancy OF DEATH Aug. 15	19 55
SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE	FE OF BIRTH: 9. AGE lest birthday: IF UNDER I Y Months Da	
0a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Tarm	OR 11 RIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY USA
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	•
Percy Chaney	Sadie Ellen Cline	ey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No.:	17. INFORMANT & ADDRESS: White Hall Of Mrs. Lenera Reeves Chambersh	- 4
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	into abdomen	INTERVAL BETWEEN ONSET AND DEATH OF OUT
DUE TO	hemorrhage and shock	30 min
Antecedent cause(s) Diseases or conditions, If any, giving rise to the above cause DUE TO stating underlying cause last		
I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
9a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes \(\) No \(\)
1a. EXTERNAL CAUSE WAS PRIMARY To r CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH. 121b. PLACE (Home, farm, factor OF street, office bldg., etc.	c.,	(State)
Id. TIME (Month) (Day) (Year) (Hother 21e. INJURY OCCURRED Not while at work INJURY 8 / 5 5 2 mooh work I at work IN	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descr find that death resulted from: Natural causes [], According to the first production of the control of the certific of the control of the certific of the control of the certific of the cer	ibed above, held an Autopsy 🗌, Inspection 📉,	Inquiry [], and mined cause []. DATE SIGNED 8.16.55
3. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE BURIAL (Specify): Aug. 18-55 Greenlawn	Cemetery LOCATION (City, town, or co	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR Albert L. Leaf Williams	ADDRESS

Bas

Albert

18.1955

L. Leaf Williamsport Nd.

BUREAU V. S. AUG. S. 1955
AUG. 23 1955

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08115 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 36

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Washington MARYLAND	STATE aryland County Wawhing	gton
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN FUNKS TOWN I'M RFD 40 A LENGTH OF STAY (in this place) 10 yrs.	CITY (If outside corporate limits write RURAL and OR TOWN Funkstown Md. RFD 40	
HOSPITAL OR INSTITUTION OR STREET ADDRESS FUNKS LOWN Md RFD 40 A	STREET (If rural, give location) ADDRESS Funkstown Md. RFD 40	A /
	(Last) 4. DATE (Month) (Day) OF DEATH Aug. 15	(Year) 19 55
DACE. WIDOWED DIVORCED	e of Birtii: 9. AGE last birthday: IF UNDER I YE ON THE STATE OF THE S	
IOa. USUAL OCCUPATION (Give kind of work done during most of work life, erspired): Farmer INDUSTRY:		COUNTRY SA
13. FATHER'S NAME: Charles Chaney	14. MOTHER'S MAIDEN NAME: Celia (last Unknow	war)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unk.) (If Yes, give war or dates of service)	Mrs. John A. Bopp Williamspo	rt Md.
DUE TO	d thru chest in region of heart rrhage and shock	ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No No
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING Def street, office bilds., etc. CAUSE OF DEATH. 21b. PLACE (Home, farm, factory OF street, office bilds., etc. INJURY HOME 21d. TIME (Month) (Day) (Year) DEGIN	21c. (City or town) (County) R # 40 A- Funkstown, Wash 21f. How DID INJURY OCCUR? Shot self after having sh	
22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes , Accidental forms and the summer of the remains described from the summer of the summ		mined cause DATE SIGNED 8-16-55

MEGETAED TOPE

BUREAU V. E.

8148 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Washington MARYLAND	STATE Md. COUNTY Washington
CiTY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN Cin this place) CitY (If outside corporate limits, write RURAL (in this place)	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS E. Baltimore St.	STREET (If rural, give location) Rt. 1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) John Edward C	(Last) 4. DATE (Month) (Day) (Year) OF DEATH Aug 7 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, Feb.	2 OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS. 1, 1939 16 Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	Hagerstown Md. 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Harry E. Chaney	Phyllis Snyder
(Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS: Harry E. Chaney Rt. 1
18. MEDIC	AL CERTIFICATION INTERVAL BETWEEN
Immediate cause DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO atating underlying cause last (c)	lacerted lungs; hemorrhage 5 min and shock
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes \(\text{No.} \text{No.} \)
PRIMARY Or CONTRIBUTING OF Street, office bidg., etc. INJURY Street.	County) (State) ' Funkstown Washington Maryland 21f. HOW DID INJURY OCCUR?
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY 8-7-55 2:30Am.	Driver of car that hit embankment & crashe
	dent 2, Suicide , Homicide , Undetermined cause . CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. B. 8-8-55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify): BUPAI AUG. 9 1955 Rest Had DATE RECORD BY LOCAL REGISTRATURE REG. 8. 1955 Louising Transporter.	ven Cemetery Hagerstown Md. 24. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son Hag. Md.

fully. The correct PLEASE WRICE PLAINLY, WITH UNFADING INK. Supply every item of information cage is especially important. Physicians: please write the causes of death clearly a MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

SECENTED

BUREAU V. S.

No. 305

(Year)

19

1. PLACE OF DEATH:

carefully. The and legibly.

of death clearly

every item BINDING

Supply e

Ü

UNFADING Physicians:

PLAINLY, WITH pecially important.

FOR

MARGIN RESERVED

MARYLAND

COUNTY Washington CITY (If outside corporate limits, write RURAL OR and give nearest town)
TOWN Funks town Md

LENGTH OF STAY (in this place)

(Last)

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland county Washington CITY (If outside corporate limits write RURAL and give nearest town)

TOWN Funkstown Md. RFD 40 A

(If rural, give location) STREET Funkstown Md. RFD 40

4. DATE

INSTITUTION OR STREET ADDRESS Funks town Md

(Middle) DECEASED: Sad1e (Type or Print)

Ellen

Chaney 8. DATE OF BIRTH:

DEATH AUE. 9. AGE last birthday: | IF UNDER 1 YEAR | IF UNDER 24 HRS

(Month)

(Day)

7. SINGLE, MARRIED, WIDOWED, DIVORCED, 1884 May 9 (Specify): Married 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife INDUSTRY: COUNTRY?

Downsville Dist. Md. 14. MOTHER'S MAIDEN NAME:

13. FATHER'S NAME:

Female

Levy Cline

6. COLOR OR RACE:

16. SOCIAL SECURITY No.:

Home

Martha Detrow

15. WAS DECEASED EVER IN U.S. ARMED FORCES ? (Yes, no, or unk.) | (If Yes, give war or dates of service) None

17. INFORMANT & ADDRESS: White Hall Orphanage Mrs. Lenera Reeves Chambersburg PaRFD

18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause Antecedent cause(s)

(a) Gun shot wound thru chest hemorrhage and shock DUE TO

21c. (City or town)

(b)

Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes No P (State)

INTERVAL BETWEEN

ONSET AND DEATH 5 min

Abox X

21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, street, office bldg., etc., INJURY

R # 40 A - Funkstown. 21f. HOW DID INJURY OCCUR?

21e. INJURY OCCURRED 21d. TIME (Month) (Day) (Year) -(Hour) While at work at work I

Shot by brother-in law

22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [7], Inquiry [], and find that death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undetermined cause []. DATE SIGNED

23. BURIAL, CREMATION,

SIGNATURE

NAME OF CEMETERY OR CREMATORY DATE THEREOF

CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. 8-16-55 LOCATION (City, town, or county)

(County)

DATE REC'D BY LOCAL

18-55 Greenlawn Cemetery REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Albert L. Leaf Williamsport Md.

RITI is e X SE

Williamsport Maryland

Washington

BUREAU V. S. 1955
AUG 23 1955

PLAINLY,

OR WRITE

TYPE

PLEASE

VS.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8111 CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):
COUNTY Washington MARYLAND	STATE Maryland County Wash	nington
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL as	
	11005000000	03
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital	STREET (If rural give location) ADDRESS 749 Preston Road	1
	(Last) 4. DATE (Month) (I	Ony) (Year)
DECEASED: (Type or Print) Elizabeth Kirkwood	Colton OF DEATH: Aug.	21 19 55
Female White (Specify): Married August		Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): HOUSEWILE	St. Clairsville, Ohio	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	0.000.00
Albert W Vennen Sr.	Ida Updegraff	
Albert W. Kennon, Sr. 15. WAR DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY ND.		
(Yes, no, or unk.) (If Yes, give war or dates NONE	John M. Colton, Hagerstown, M	d.
IS. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN ONSET AND DEATH
204. 1 IMMEDIATE CAUSE (A) Cymps	ho Sarooma	4 yrs.
ANTECEDENT CAUSE (8)	gonous Kenterma.	31
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	genous Newterma.	2 ms.
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N,	20, AUTOPSY?
'Nov. 1951 Followler Grapho O	Platoma.	YES NO
21a. ACCIDENT WAS UNDERLYING ☐ 21B. PLACE (Home, farm, fact OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., (if either, notify medical examiner)	tory, 21c. WHERE DID (Clty or town) (County etc. INJURY OCCUR?	y) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10/20	0/ 10 5] 8/21/ 10 55	
/ - 10m - 11 / L/		
SIGNATURE OF MANUAL SIGNATURE	9:20 PM, from the causes and on the date s ADDRESS DAT	stated above. E SIGNED
23 BURIAL CREMATION DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or	county) (State)
Cremation 8/25/55 Cedar Hill, C	Cemetery Washington, D. C	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

C. M. Suter & Sons, Hagerstown, Md.

DECEDVED AUG 26 1955

BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0811:

8119 CERTIFICATE OF DEATH

Reg. Dist. No. 307

OILG		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):
COUNTY Washington MARYLAND	STATE Maryland COUNTY Washi	ngton
CITY (If outside corporate limits, write RURAL LENGTH OF STAY on and give nearest town)	CITY(If outside corporate limits, write RURAL at OR TOWN Will Pamsport	
HOSPITAL OR	STREET (If rural give location)	<u>X</u>
NSTITUTION OR Washington Co. Hospital	ADDRESS	St.
DECEMBER OF THE PROPERTY OF TH	(Last) 4. DATE (Month) (I OF DEATH: AUG.	Day) (Year) 5 1955
RACE: WIDOWED, DIVORCED,		ays Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk 10B. KIND OF BUSINESS OR INDUSTRY:	II. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Joseph Corby	Laura Tice	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, No or unk.) (If Yes, give war or dates of service)	Joseph Corby Washington	.D. C.
18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO DUE TO DUE TO DUE TO	7 Celesion	+ days.
260X) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	aliefes melletus	34rs.
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING \(\) 21B. PLACE (Home, farm, factor of contributing \(\) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (Count INJURY OCCUR?	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While While at work at work	21F, HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	18., 1953 to 5 Cluq, 195, that I last	saw the deceased
alive on Surg , 19.55, and that death occurred at SIGNATURE	1. D. Williamsport, Md 3	5 Chie 55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET REMOVAL (SPECIFY) Aug. 7, 1955 Riverview	Cemetery Williamspert,	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS



A CONTRACT OF THE CONTRACT OF

8113				
	0440	0440	0440	MARYLAND STATE DEPARTMENT OF HEALTH—I 8113 CERTIFICATE OF DEATH

1. PLACE OF DEATH: COUNTY WAShington CITY (If outside corporate limits, w		2. USUAL RESIDENC	E (HOME) OF DECEA	ASED:
COUNTY WAShington		md	1	losch Sintan
CITY (If outside corporate limits, w	maryLand rite RURAL LENGTH OF STAY	STATE // C/	county County Corate limits, write RURA	AL and give nearest town)
OR and give nearest town)	(in this place)	OR //	ages town	
HOSPITAL OR	y 45 yes	STREET	(If rural give locat	
INICTITUTION OF	TiPotomne 54,	ADDRESS 158	5. Potem	
3. NAME OF (First) DECEASED:	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) 466		FEN DERTOR	DEATH: 8	22 1955
RACE: WI	NGLE, MARRIED, 8. DATE DOWED, DIVORCED. Decity): Marinied Ton	2.1 10.1	GE last birthday Months Yrs.	
IOA. USUAL OCCUPATION (Give kind o work done during most of working life	f 10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State	e or foreign country):	12. CITIZEN OF WHAT COUNTRY?
even if retired): TRAINMAN	PENNA R.R.	BOYCE	VA.	U5
13. FATHER'S NAME:		14. MOTHER'S MAIDE	EN NAME:	
William LEE L	iffen denten	Florence	E CARPEI	NTER
15. WAS DECEASED EVER IN U.S. ARMED FOR		17. INFORMANT & AL	DDRESS: /V-8	5. 18 form 12 57
(Yes, no, or unk.) (If Yes, give war or of service)	lates 214-09-0089	Tenessis Diff	inderter H	LAGERS FORM MO
	18. MEDICAL CERTIFICA	rion		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRE	CTLY LEADING TO DEATH	7/1 · 1/	0	ONSET AND DEATH
153 X	in Merenal !	Undonund (cancel	- Syn
IMMEDIATE CAUSE	DUE TO	0 7	101	1 1/1
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY,	(al numary (somewille	gracel ala	on Silver
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAS	DUE TO	97	7 4 10	1
STATING ONDERETING CAGSE EAS	(c)	//		
II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE	S CONTRIBUTING	V		
DISEASE OR CONDITION CAUSI				
19A. DATE OF OPERATION: 19B. M.	AJOR FINDINGS OF OPERATIO	N		20. AUTOPSY?
				YES NO
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	218. PLACE (Home, farm, fac OF INJURY street, office bldg.	tory, 21c. WHERE DID 1NJURY OCCUR?	(City or town) (C	County) (State)
21D. TIME (Month) (Day) (Year) (Ho	our) 21E INJURY OCCURRED While Not while	21F. HOW DID INJU	JRY OCCUR?	
OF INJURY	M. at work at work	0/	1	
22. I hereby certify that I attend	ed the deceased from 1.7.3	3 /, 19, to 0/22/	19 that I	last saw the deceased
alive on #12/55 10	, and that death occurred at		auses and on the da	
alive on 19 19 19 19 19 19 19 19 19 19 19 19 19	, and that death occurred at	ADDRESS	auses and on the up	DATE SIGNED
Stoan Be	ung	1. D. Wager	Tocorda	0 5/23/55
	HEREOF NAME OF CEMET	ERY OR CREMATORY	LOCATION (City, town	n, or county) (State)
BORIN Prog	25,19/5 REST HAVEN	1 Comotony	Hraginston	VH Md.
DATE REC'D BY LOCAL REGIST	RAR'S SIGNATURE	24. FUNERAL DIRE	CTOR	ADDRESS
14. 24. 1955 Bu	estacover	KEST HAVEN	FUNGERI Ch	TOE INC.

VANCE SE 1952

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

302

Interval Between

Onset And Death

20. AUTOPSY ?

2. USUAL RESIDENCE (HOME) OF DECEASE WASHINGTON

COUNTY CITY (If outside corporate limits, write RURAL and give nearest town)

(If rural give location)

9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS. Months: Days Hours

12. CITIZEN OF WHAT

HAGERSTOWN

Chule cystitis, chulecy tertumy

In from the causes and on the date stated above.

DATE SIGNED

Dr. Hochlander

BUREAU V. S.

2361 IE DUA

BECEINED

Howard K. Brown, Martinsburg, W. Va.

8150

CERTIFICATE OF DEATH

FOR MEDICAL	L EXAMINERS Reg. Dist. N	03.0/
1. PLACE OF DEATH- COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNT	DOLVETO
OR give nearest town) # 5- Wmpst, Md. LENGTH OF STAY OR Jam # 5- Wmpst, Md.	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Potomac River	STREET (If rural, give location) ADDRESS 410 S. Tennessee Av	e. √
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Dr. Douglas Calvin	Dirting DEATH Aug. 17	1955
Male 6. COLOR OR RACE 7. SIN LE, MARRIED. WIDOWED, DIVORCED, (Specify) Married	JO yrs. (I year If under 24 h
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dentist 13. FATHER'S NAME	North Mountain, W. Va.	2. CITIZEN OF WHAT COUNTRY? USA
IO. PRIMORE NAME	14. MOTHER'S MAIDEN NAME	
George Lemuel Dirting 15. Was DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Anna Gletner	
Yes, no, or unknown) (If yes, W. W. 11 tes of 028-16-7355	Mrs. Douglas Calvin Dirti	na
Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS	due to drowning	ONSET AND DEATH
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	L CORNE OF MOVING	Yes No X
21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	near Dam # 5 Williamsport, Was	
OF While at Not while		
INJURY 8-13-55 @10:30PM. work at work	Boat capsized while fishing	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes , accident x, OFPOICE , homicide , SIGNATURE , NEW TOOK THE SHAPE CAL FIAME.	ased died on the day stated above, and death in my undetermined ADDRESS	opinion resulted
HALL CREMATION DATE THEREOF NAME OF PEMETE	RY OR CREMATORY LOCATION (City, town, or cour	ty) (State)
DATE REC D BY LOCAL REGISTRAR'S SIGNATURE	N. Potomac St - Hagerstown, Md. RY OR CREMATORY LOCATION (City, town, or countille Hedgesville 24. FUNERAL DIRECTOR	W. Va.
arig. 18-5-5 & Lee Mc Chroy	Howard K. Brown, Martinshu	

ILEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Is especially important. Physicians: please write the causes of death clearly and legibly.

NIARGIN RESERVED FOR BINDING

VECEINED

BUREAU V. S.

VS. A15-

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of infol

carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08123

8151 CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME.) OF DECEASED:
COUNTY Washington MARYLAND	STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL, LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) TOWN rural Leitersburg life	TOWN rural Hagerstown X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brook Lane Hospital	STREET (If rural give location) RFD #4
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Lillian Edna Fa	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: \$ 30 1955
5. SEX: 6. COLOR OR 7. SINGLE MARRIED. 8. DATE WIDOWED, DIVORCED. Oct	OF BIRTH: 9. AGE last birthday Funder 1 YEAR 1 FUNDER 24 HRS. 1903 51 yrs. Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Knitter Stocking Mfg.	Broadfording USA USA USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Christopher Neibert	Ella Kershner
(Yes, no, or unk.) (If Yes, give war or dates of service)	Lowell Faith Hagerstown, Md.
18. MEDICAL CERTIFICAT	TION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	cosclemin, general 10 gra-
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY7 YES NO NO
21A. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	D 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from MO. U	1, 1953, to / Lundo, 1955, that I last saw the deceased
alive on	ADDRESS DATE SIGNED DATE SIGNED
BURIAL CREMATION, DOTE THEREOF DAME OF CEMETI 10/2/55 Broadfordi	ng Cemetery Location (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Scott F Minnich & Son Hag. Md.

SEP 6 1955 DECENTED

BUREAU V. E.

Supply every item of information carefully. The

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

RE, 18 ()8124 Reg. Dist. No. 303 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8152 CERTIFICATE OF DEATH

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Washington MARYLAND	STATE Maryland county Washington
CITY (If outside corporate limits, write RURAL, LENGTH OF STA	
OR and give nearest town) (in this place)	OR
X TOWN Clear Spring	Town Clear Spring X
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR STREET ADDRESS	ADDRESS
Residence	Mill St.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Yea
DECEASED:	OF
(Type or Print) Harry Franklin	Gernand DEATH: August 20, 195
RACE: WIDOWED DIVORCED	ATE OF BIRTH: 9. AGE last birthday IF UNDER I YEAR IF UNDER
	an. 19, 1931 24 yrs. Months Days Hours
DA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	5 II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF
work done during most of working life. OR INDUSTRY:	COUNTRY?
even if retired):	Clear Spring, Md. U.S.A.
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Harry Gernand	Carmen Widmyer
S. WAS DECEASED EVER IN U.S. ARMED FORCEST IS. SOCIAL SECURITY NO.	. 17. INFORMANT & ADDRESS:
Yes, no, or unk.) (If Yes, give war or dates	
No of aervice) 217-28-5498	Ethel Widmyer. Clear Spring,
18. MEDICAL CERTIFIC	CATION INTERVAL BE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND
434.3	# / / / / / / / / /
IMMEDIATE CAUSE (A) LICUL	e Cardiac Tailine Aud
DUE TO	0 11 1/ 0 1
ANTECEDENT CAUSE (S)	andias trabertibo
GIVING RISE TO THE ABOVE CAUSE	want 119 percio pary 2 ye
STATING UNDERLYING CAUSE LAST. DUE TO	a was blue alt 11 th
(c) office car	se was peen after death, A
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	quas delasta ago
TO THE DEATH BUT NOT RELATED TO THE Sugned	low author to of Me Neve
DISEASE OR CONDITION CAUSING DEATH.	The state of the s
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERAT	TION 20. AUTO
	YES TO N
RIA. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, 10 PRONTRIBUTING CAUSE OF DEATH OF INJURY street, office bld	factory. 21c. WHERE DID (City or town) (County) (Sta
IF EITHER, NOTIFY MEDICAL EXAMINER)	ldg., etc. INJURY OCCUR?
ID. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURR	RED 21f. HOW DID INJURY OCCUR?
OF INJURY While Not while	
M. at work at work	
22 I horoby cartify that I attended the decorate	10 to 10 that I lead and 1
	, 19, to, 19, that I last saw the dec
glive on	at 6.459.M, from the causes and on the date stated above
SIGNATURE	ADDRESS / / DATE SIGNED
	P/12 Xpring Md 8-122/5
A PLANT TO THE STATE OF THE STA	
devid Trewer	M. D. CECCO VICE CON CONTROL OF THE
	METERY OR CREMATORY LOCATION (City, town, or county)
REMOVAL (SPECIFY)	
Burial Aug. 23, 1955 Rose	Hill Clear Spring, Mc
REMOVAL (SPECIFY)	
Burial Aug. 23. 1955 Rose DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Hill Clear Spring, Mc

DECENTED

VNG 52 1822

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

8115

CERTIFICATE OF DEATH

Reg. Dist. No. 302

Owen Franklin Giniven OF DEATH Aug. 4, 195519 6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED, WIDOWED DIVORCED, (Specify) Single Aug. 3, 1955 9. AGE last birthday If uoder I year Hours Minder 24 hr Mi						
CITY (if outside corporate limits, write RURAL and give coarset town) ONE of masses (122 errors of the county of	1. PLACE OF DEATH COUNTY W	d. hdmatan				INTE
TOWN Pro nearest targerstown HOSPITALOR HOS	CITY (It enteids a	HILING COH				
ADDRESS Carfos County	OS OR give nearest			TOWN Hagers	town R # 4	X
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S. EXE Male White Winder Wind	DECEASED	(First)	-		OF .	
Male White Species of Company (Species) 11 Company (Species) 12 Company (Species) 12 Company (Species) 12 Company (Species) 13 Company (Species) 14 Company (Species) 15 Company (Species) 15 Company (Species) 15 Company (Species) 16 Company (Species) 16 Company (Species) 17 Company (Species) 18 Company (Species) 19 Company						4, 195519
10s. USUAL OCCUPATION (Give kied of work does during most of working life, even if retired) 11s. FATHER'S NAME Ernest G. Giniven 15. WAS DECRATE EVER IN U.S. ANNED PORCEST 16. SOCIAL SECURITY NO. NOT SUCKING GINIVEN 15. WAS DECRATED EVER IN U.S. ANNED PORCEST 16. SOCIAL SECURITY NO. NOT SUCKING GINIVEN 16. SOCIAL SECURITY NO. NOT SUCKING GINIVEN 17. INFORMANT AND ADDRESS ETTEST G. GINIVEN 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 19. Antecedent cause (a) Antecedent cause (a) Antecedent cause (a) Antecedent cause (a) Diseases or conditions, if soy, (b) giving rise to the above cause status the underlying cause last. (c) 19. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) FLACE (Home, farm, factory, street, NOT While at Not While Work NOT While at Not While Single Control of the disease or condition causing death. 22. I hereby certify that I attended the deceased from Not While at Not While (Degree or title) 22. I hereby certify that I attended the deceased from (Degree or title) 23. BURIAL, CREMATION ATTENDED (DATE THEREOF NAME OF CEMETERY OR CREMATORY Levels Hampshire Co. Not Park (Degree or title) DATE REMODAL (Specify) 8/4/55 Levels Meth Cemetery Levels Hampshire Co. Not Park (Degree or title) DATE REMODAL (Specify) 8/4/55 Levels Meth Cemetery Levels Hampshire Co. Not Park (Degree or title) DATE REMODAL (Specify) 8/4/55 Levels Meth Cemetery Levels Hampshire Co. Not Park (Degree or title) DATE REMODAL (Specify) 8/4/55 Levels Meth Cemetery Levels Hampshire Co. Not Park (Degree or title) DATE REMODAL (Specify) 8/4/55 Levels Meth Cemetery Levels Hampshire Co. Not Park (Degree or title) DATE REMODAL (Specify) 8/4/55 Levels Meth Cemetery Levels Hampshire Co. Not Park (Degree or title) DATE REMODER (DATE NAME OF CEMETERY OR CREMATORY Levels Hampshire Co. Not Park (Degree or title) DATE REMODER (DATE NAME OF CEMETERY OR CREMATORY Levels Hampshire Co. Not Park (Degree or title) DATE REMODER (DEGREE CO. NOT PARK (DEGREE CO. NOT PARK (DEGREE CO. NOT PAR			WIDOWED S DIVORCED, (Specify) Single	Aug. 3.1955	Vrs. Mor	oder I year If under 24 hr the Days Hours Min
IS. FATERYS NAME ETHEST G. Giniven 16. Was Decared Even in U.S. Armed Forces? I. (A Social Security No. In Contents of Security Securit		ATION (Give kied of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIERN OF WHAT
14. MOTHER'S MAIDE NAME Ernest G. Giniven 15. Was Dectarate Ever in U.S. Armed Forces? (Yes, no, or tocknown) (If yes, give war or dates of None 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 19. Diseases or cooditions, if soy, giving rise to the above cause stating the underlying cause last related to the disease or cooditions contributing to the death but not related to the disease or cooditions or cooditions and provided to the disease or cooditions and provided	None		Infant	Hagerstown.	Md.	USATE
15. Was Decraved Ever In U.S. Armed Forcast (Yes, no, or unknown) (If yes, give war or dates of None	13. FATHER'S NAM	E		14. MOTHER'S MAIDE	N NAME	
Interval Between None Ernest G. Giniven Interval Between Int						
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Antecedent cause (a) Diseases or cooditions, if soy, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Cooditions coortibuting to the death but not related to the disease or cooditio causing death. 192. DATE OF OPERATION 12b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) SUICIDE (OF office bidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED Work At work Work At work 22. I hereby certify that I attended the deceased from 19, 19, to, 19, that I last saw the deceased alive on, 19, and that death occurred at, from the causes and on the date stated above. DATE SIGNATURE 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) EMBLACTION (City, town, or county) DATE REC'D BY LOCAL REGISTRARS SIGNATURE 24. FUNERAL DIRECTOR ADDRESS						
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21. ACCIDENT SUICIDE OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not While at work 22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive ob						1 20. AUTOPSY?
21. ACCIDENT SUICIDE PLACE (Home, farm, factory, street, office bidg., etc.) PLACE (Home, farm, factory, street, office bidg., etc.) CITY OR TOWN) (COUNTY) (STATE) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While Not While Not While Not Work At work Not						
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OF INJURY m. Work Not While at Not While At work 2 22. I hereby certify that I attended the deceased from 19, to 19, 19, that I last saw the deceased alive on 19, and that death occurred at 19				HOW DID INJURY OF	CCURT	
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alive on	22. I hereby certi	fy that I attended the	deceased from	19 to	19 that I la	st saw the decorated
SIGNATURE: (Degree or title) ADDRESS DATE SIGNED 23. BURIAL, CREMATION DATE THEREOF REMOVAL (Specify) BUI 121 (Specify) 8/4/55 Levels Meth Cemetery Levels Hampshire Co. DATE RECT BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS						
Bur 121 8/4/55 Levels Meth Cemetery Levels Hampshire Co. W. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	SIGNATURE	, 19, an	d that death occurred at (Degree or title)	ADDRESS from the	e causes and on the date	
Bur 121 8/4/55 Levels Meth Cemetery Levels Hampshire Co. W. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	(Saul	Harriso	u MD			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	23. BURIAL, CREMA	ATION DATE THEREO				
REGISTION OF THE WORLD			SIGNATURE /	24. FUNERAL DIRECT		- The state of the
2085824321	THE PARTY IN THE					
	20853-4	1321				

correct age THE M PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

BUREAU V. E.

AUG 8 1955

BECEINED

PLEASE TYPE

VS. A15-

08126 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

8153	CERTIFICATE	OF	DEATH
XINZ	OMETER		

Reg. Dist. No. 307

	1. PLACE OF DEATH:	2. USUAL RESIDENC	E (HOME) OF DECEASE	D:
9	COUNTY WASHINGTON MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	STATE MARYLA CITY(If outside corp	OND COUNTY VVAS	and give nearest town)
	Y TOWN TREGO - BURAL GOVEARS		CO - RURA	· ×
	HOSPITAL OR	STREET	(If rural give location)
	INSTITUTION OR STREET ADDRESS TO BE SHOULD BE	ADDRESS	10.0	24 2 2 1
	IN EEDAPATER IND. K.I		EDVSVILLE 4. DATE (Month)	MD. K.
200	DECEASED:	LOSS	OF DEATH: AUC-UST	(Day) (Year)
70	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. A	GE last birthday IF UNDER 1 Months 1	YEAR IF UNDER 24 HRS.
909	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS		e or foreign country): 12.	CITIZEN OF WHAT
Can	even if retired) FARMER OWN FARM	ANTIETAM W	ASH. Co. MD.	U.S.A -
A TITO	13. PATHER'S NAME:	14. MOTHER'S MAIDI		
201	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	IVALINDA	DERESS	
4 44	(Yes, no, or unk.) (If Yes, give war or dates			0443444646
200	NO. of service) NONE		C-FUJO ITRE	DYSNILLE MO.RI.
27.0	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1014		ONSET AND DEATH
4	2 18 3 X			9 menths
217	IMMEDIATE CAUSE (A) MULTIPLE DUE TO	e myelema		
210	ANTECEDENT CAUSE (S)			110
2 2	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO			
11 1	STATING UNDERLYING CAUSE LAST.			
3	(C)			
i di	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
10	DISEASE OR CONDITION CAUSING DEATH.			
d II	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N		20. AUTOPSY?
y 11	April, 1955 Biopsy of tumor of	skull - mult	iple myelema.	YES NO
eciali	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. 21c. WHERE DID	(City or town) (Cour	nty) (State)
s csh	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJU	IRY OCCUR?	
3)	22. I hereby certify that I attended the deceased from 2/28/	55 19 to 2/2	2/559 that I las	t saw the deceased
100	0/00/55			
ے		4.15. P.M. from the c	auses and on the date	stated above.
LLec	SIGNATURE of hear m	Sharpsburg	, Md. 8/24/55	•
COLL	23. BURYAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CREMATORY	LOCATION (City, town, o	or county) (State)
	PURIAL AUG. 25.1955 KOHRERSVI	LLE CEMETERY	ROHRERSVILLE	WASH. CO. MO-
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRE	CTOR	ADDRESS
	REGISTRAR 11 1955 Farheren Nagenhart	WM. F. BAST A	IND SONS BOOM	SBOKO MA
	free free free free free free free free	The state of the s	The Paris Paris	

SECEIVED AUG 25 1955

BUREAU V. S.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

8116 CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE COUNTY	901.0
CITY (If outside corporate limits/write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	Washir.
OR givo nearest town) (in this place)	OR TOWN No COLLEGE	e nearest town)
HOSPITAL OR Washington County STREET ADDRESS	STREET ADDRESS (If rural, give location)	84.1
3. NAME OF DECEASED (Type or Print) Charles Middle)	Folliday 4. DATE (Month) OF DEATH AUG	(Day) (Year)
6. COLOR OR RACE 7. SINGLE MARRIED WIDOWSD DIVORGED, (Specify)	S. DATE OF BIRTH 9. AGE last hirthday Wunder Months	Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Industry Industry Industry	11., BIRTHPLACE (State or foreign country) 12	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of \$2.0 \(\) \(17. INFORMANT AND ADDRESS Voodstoe	k. 20
18. MEDICAL CE		Partie
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
11-11	1 4/ 11.00	
446 Immediate cause (a) 10 Ephro 5 C	ler osis with uremia	Unknows
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last		ell lighten gap no a stabilitation der harmonie a sons se a sud
(c)		I and the second
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
none		Yes No W
21. ACCIDENT (Specify) SUICIDE HOMICIDE INJURY PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 18 Jul	7, 1955, to 11 Aug, 1955, that I last s	aw the deceased
alive on 10 Aug., 1955, and that death occurred at	ADDRESS and on the date st	ated above. DATE SIGNED
Kank & Brumback	10 11 Aug 55	5
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or count	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
		111

NECEDY ED

BUREAU V. S.

The	
carefully.	legibly.
SE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The	correct age is especially important. Physicians: please write the causes of death clearly and legibly.
item of	of death
/ every	causes (
Supply	rite the
NG INK	please w
UNFADI	sicians:
WITH	at. Phy
MINLY,	importar
VRITE PL	especially
E OR	age is
SE TYP	correct

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()8128

8117 CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STA	2. USUAL RESIDE				
	THE RESERVE OF THE PARTY OF THE	NCE (HOME) OF	DECEASED:		
	STATE Md.	COUNT	y Washin	oton	
		corporate limits, wri			st town)
OR and give nearest town) (in this place) 45 yrs.	OR	erstown		0	3
HOSPITAL OR INSTITUTION OR STREET ADDRESS 111 E. Hillcrest Road	STREET ADDRESS	(If rural gi	,	1	
		E. HILLER	st Road		
3. NAME OF (First) (Middle) DECEASED: Denother May Us	(Last)	4. DATE (Mo	onth) (Da	my) (Ye	ar)
(Type or Print) DOTO City Flay	nines	DEATH: 8	15	19	55
RACE: WIDOWED, DIVORCED.	24, 1907	AGE last birthday yrs.	Months Da		Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): secreatry 108. KIND OF BUSINESS OR INDUSTRY: N.P. Moller Co.	Mineral, Va.		ntry): 12. C	OUNTRY?	WHAT
13. FATHER'S NAME:	14. MOTHER'S MA	IDEN NAME:			
Harry E. Morgan		. Spicer			
18. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS:			
(Yes, no, or unk.) (If Yes, give war or dates 060-14-167	Roy I. Haines	Hagersto	wn, Md.		
18. MEDICAL CERTIFICA	ATION			INTERVAL B	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				ONSET AND	DEATH
Generalia Generalia	zed carcinoma	atosis		About	2 V1
IMMEDIATE CAUSE (A)	our dar driver	200020		noout	~ 3
ANTECEDENT CAUSE (S)					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO					
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			İ		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	None.				
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATI	ON				
	•			20. AUTO	
Mar.10,1953. Carcinoma of left	ovary.			YES	NO 🔀
21A. ACCIDENT WAS UNDERLYING	actory, 21c. WHERE D INJURY OCCUR	ID (City or town)	(County) (St	ate)
21b. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURR OF INJURY M. 21E INJURY OCCURR While Not while at work	ED 21F. HOW DID 1	NJURY OCCUR?	LIVE STEE	3791	
M. at work at work -	6 .55 120	15 55		10111	
A.a.a					
22. I hereby certify that I attended the deceased from AUE		o causes and on	the date of	tated above	e.
22. I hereby certify that I attended the deceased from Aug alive on Aug . 12, 1955 and that death occurred a	at 1.10M, from th	e causes and on	the date st		
22. I hereby certify that I attended the deceased from AUE	ADDRESS		DATE	SIGNED	
22. I hereby certify that I attended the deceased from Aug alive on Aug . 12, 1955 and that death occurred a	ADDRESS	stown, Mary	DATE		
22. I hereby certify that I attended the deceased from AUS alive on AUS . 12, 1955 and that death occurred a SIGNATURE 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMEREMOVAL (SPECIFY)	ADDRESS M. D. Hagers TERY OR CREMATORY	stown, Mary	land	Aug.16	
22. I hereby certify that I attended the deceased from AUE alive on AUE . 12, 1955 and that death occurred a SIGNATURE	ADDRESS M. D. Hagers TERY OR CREMATORY	stown, Mary	land by, town, or o	Aug.16	,1955

BECEINED

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1812)

2119 CERTIFICATE OF DEATH

Reg. Dist. No. 302

0118	Reg. Dist. No.
1, PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Washington MARYLAND	STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Hagerstown LENGTH OF STAY (in this place) Week	CITYIIf outside corporate limits, write RURAL and give nearest town OR TOWN Hagerstown
HOSPITAL OR	STREET (If rural give location)
STREET ADDRESS Washington Co. Hospital	ADDRESS 13 W. Baltimore St.,
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Susie Rebecca Ha:	ines 4. DATE (Month) (Day) (Year) OF DEATH: 8 12 19 55
5. SEX: 6. COLOR OR 7. SINGLE MARRIED. 8. DATE WIDOWED, DIVORCED. June 28	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRe.
work done during most of working iffe, even if retired): housewife home	II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Isiah Frock	Sarah Whitmore
(Yes, no, or unk.) (If Yes, give war or dates no f service) 16, Social Security No.	Mrs. George Diggs Hagerstown, Md.
18. MEDICAL CERTIFICAT	TION INTERVAL BETWEEN
IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Therefore 9 days
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	N 20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	, 19, to, 1930, that I last saw the deceased
	M, from the causes and on the date stated above. ADDRESS DATE SIGNED
23. BURIAL, CREMATION. DATE THEREO NAME OF CEMET BURIAL (SPECIFY) 8-14-55 Rose Hill	ERY OR CREMATORY LOCATION (City, town, or county) (State) Hagerstown Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR'S 1955	24. FUNERAL DIRECTOR ADDRESS Fred W. Kraiss Hagerstown Md.

BECEINED

BUREAU V. S.

AUG 16 1955

MARYLAND

LENGTH OF STAY (in this place)

MANTHS

8154

CITY (If outside corporate limits, write RURAL and X TOWN

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

TOWN

STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED-STATE

CITY (If outside corporate limits, write RURAL and give nearest town)

KEBDYSVILLE

(If rural, give location)

Reg. Dist. No. 316

COUNTY

/
3

38.

correct

1. PLACE OF DEATH

HOSPITAL OR INSTITUTION OR STREET ADDRESS

COUNTY

The UNFADING INK. Supply every item of information carefully. It. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLAINLY, WITH U



WRITE

PLEASE

3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE	(Month)	(Day) (Year)
(Type or Print)	- NAHTANO	CARNEY - +	HARRELL	OF DEATH	AUGUST	- 26 - 1955
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE iast birt	bday If under I	year If under 24 hrs
-MALE .	WHITE	WIDOWED, DIVORCED, (Specify) SINCELE	SEPT-12-1950	4-11-14	VIII. Months	Days Hours Min.
10a. USUAL OCCUP	ATION (Give kind of work)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State o) 12.	CITIZEN OF WHAT
N	vorking life, even if retired)	AT HONE	KEEDYSVILLE	WACH.	Ca. MD	COUNTRY!
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN	NAME		M
CAR	NEV L. I	ARRELL	MARY L	EE I	HOSE	
15. WAS DECRASED E	VEH IN U.S. ARMED FORCES!	1 16. SOCIAL SECURITY NO.	17. INFORMANT AND A	DDRESS	1001	
(14. no, or unknown)	(If yes, give war or dates o service)	NONE		ARRELL	KEEDVS	VILLE MDIRI
		18. MEDICAL CE		111111111111111111111111111111111111111		The state of the s
I, DISEASES OR CO	ONDITIONS DIRECTLY	EADING TO DEATH				INTERVAL BETWEEN ONSET AND DEATH
917	A	DEADING TO DEATH				ONSEL AND DEATH
Immediat	e cause (a)	Chopped Up in	Ensilage Machin	ne		
A A	4		ing recognizable			
	onditions, if any, (b)	of body we	e one arm and o	ne leg)	1411	
giving rise to	o the above cause			mid #8 # # # # # # # # # # # # # # # # # #	t to vir — a vidingenezilök özögepög on	
stating the u	inderlying cause last					
tl. OTHER SIGNIFI	CANT CONDITIONS					
Conditions contribu	sting to the death but not	none				
19a. DATE OF OPE	se or condition causing death	INDINGS OF OPERATION				20. AUTOPSY?
nor		THE THOSE OF OF ENAMEDIN				
21. EXTERNAL CA		E (Home, farm, factory, street,	(CITY OR T	COWNI	(COUNTY)	Yes No (STATE)
PRIMARY DO OR CC	ONTRIBUTING OF	office bldg., etc.)				
CAUSE OF DEATH	I. INJU (Day) (Year) (Hour)	INJURY OCCURRED	Rural - Keed		Wash	Md •
OF A.	· 26 155 6Pm.	While at Not while				
INJURY Aug	DST	work at work	Fell in ensils	ge Machi	ne	
22. I certify that I	took charge of the remai	ns described above, held an A	utopsy . Inspection	Inquiry [7]	thereon and t	rom the evidence
obtained by said	d Autonsy, Inspection or	Inquiry, find that said dece	used died on the day state	d above, and o	leath in my o	pinion resulted
SIGNATURE	couses , occident	psylicide homicide ,	undetermined .			
SIGNATURE	-17 .007	WASH CO MIN	ADDRESS			DATE SIGNED
A votes	- Melly MIL	WASH. CO., MD. 115	N. Potomac Stree	t-Hagers	town. Md.	0-27-55
23. BURIAL, CREM.	TION DATE THE PROPERTY	F NAME OF CEMETE	RY OR CREMATORY L	OCATION (City	, town, or county	y) (State)
REMOVAL (Spec	Auc. 20. 10					717
DATE REC'D BY	LOCAL REGISTRAR'S	GNATURE /	24. FUNERAL DIRECTO	R	210MIn -	ADDRESS
REG.	1955 VV	Neitina	WM, F. BAST	ANDSON	c 1300000	
Aug. 29,	1300 . 00 4	and the state of	I MAJI INHAI	HUD OULA	5 1200NSI	SUED IND.

SEP 2 1955 SEP 2 1955

VS. A15

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

8155

2411 N. Charles Street, Baltimore

08131

CERTIFICATE OF DEATH

Reg. Dist. No.

Item 13. FilmG187 9-28-55 et		•••••
1. PLACE OF DEATH- Wash. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- COUNTY	Fultern
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) TOWN Taghstown Rural (in this place)	OR TOWN MC Converted limits, write RURAL and give	e nearest town)
	STREET (If rural, give location)	4
3. NAME OF DECEASED (First) (Middle) (Type or Print)	Harris OF OF OLIVIER GUIG	(Day) (Year) 28, 1955
5. SEX Male COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORGED, (Specify)	1400 d 1, 106/1 80 yrs. 9	Days Hours Min.
done during most of gorking tite, even, if paired) 10b. KIND OF BUSINESS OR INDUSTRY	Franklin Co. 1	COUNTRY? U.S.A.
13. FATHER'S NAME Unknown	Hally Unn. Harr	is
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If year, give war or dates of service)	Mis ruth Fillman, The	la Pa,
18. MEDICAL CEI	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	of p	ONSET AND DEATH
334 Immediate cause (a) Cerebral	Ocherosis	4mo.
Antecedent cause(s) Diseases or conditions, if any, (b)	2 Alclerosis	5 uno
glving rise to the above cause stating the underlying cause last		A
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		VID DO DO GRANINO Y Y O DIVID DIVID GIVENING ANNUAL PROPERTY O STAND
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May	6, 1955, to Quy 28, 1955, that I last se	w the deceased
alive on 1955, and that death occurred at	ADDRESS ADDRESS ADDRESS AND ALL STREET	ated above. DATE/SIGNED
23. BURIAL, CREMATION DATE NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or count;	y) (State)
REMOVAL (Specify) aug. 31.51 Union	11 SAUTTUP FU	Iton Va.
THE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 928 -1958 May LW. Munay	24. FUNERAL DIRECTOR Merce	esture, a.
1 / dozal	1 /	1

BUREAU V. S.

1Q CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Washington MARYLAND	STATE Md. COUNTY Wash
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
370WN and give nearest town) Hagerstown 80ays	Town Hagerstown 03
HOSPITAL OR INSTITUTION OR WASH. County Hospital	ADDRESS 311 Ridge Ave.
DECEASED: (Type or Print) Gary Lee Hose	(Last) 4. DATE (Month) (Day) (Year) OF Aug 12 1955
Male White Specify Single Aug. 4	9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if range)	Hagers town Md.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Russell Hose	Hilda Shives
15. WAR DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service)	Russell Hose Hag. Md.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	ijsti desèase lefe
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	e.
Noce 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7 YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of Contributing Cause of Death of Injury office blike, (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While at work at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	19, to death, 19, that I last saw the deceased
SIGNATURE Police X. Kardae M.	8:%/M, from the causes and on the date stated above. ADDRESS DATE SIGNED D. Seeler terren and 8-1, 5
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE BURIAL (SPECIFY) 8-13-55 Church of (God Broadfording Md. (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRARY 19 10 10 11 11 11 11 11 11 11 11 11 11 11	24. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son Hag. Md.

MARGIN RESERVED FOR BINDING

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNFADING INK.

PLAINLY, WITH

PLEASE TYPE OR WRITE

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Supply every item of information carefully.

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)	Ę.	0.00	CERTIFICATE	OL	DEAL

OLOG CERTIFICATI	Reg. Dist. No	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Washington Maryland	STATE Maryland county Washingt	on
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Sharpsburg Md.	CITY(If outside corporate limits, write RURAL and give a OR TOWN SHARPSBURG	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sharpsburg Md.	STREET (If rural give location) ADDRESS Sharpsburg Md.	7
	(Last) 4. DATE (Month) (Day)	(Year)
DECEASED	ison OF DEATH: Aug. 9	1955
	OF BIRTH: 9. AGE last birthday IF UNDER! YEAR IF U Months Days Ho	NDER 24 HRS. Urs Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife Home	11. BIRTHPLACE (State or foreign country): 12. CITIZEN COUNTR	OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Merideth Grey	Hary Gardner	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mr. Joseph Jamison Sharpsbur	g Ma
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)		hour. Yr.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		1 12
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. /YES	NO P
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory, 21c. WHERE DID (City or town) (County) etc. INJURY OCCUR?	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE		bove. 10.195
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR AUG. 10, 192 2 6. G. Bayer	Albert L. Leaf Williamsport	

VS. A15-10-5

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DECENTED

AUG 18 1955

BUREAU V. S.

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CERTIFICATE OF DEATH

	: 0121	FOR MEDICAL	EXAMINERS	Reg. Dist	No. 302
1. PLACE OF DEATH COUNTY	Washington	MARYLAND	2. USUAL RESIDENCE (STATE Mary	HOME) OF DECEASED.	NTY Washington
OR give nearest	rporate ilmits, write RURA town Hagerstown		CITY (If outside corpor OR TOWN	Boonsboro,	d give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRES		County Hospital	STREET ADDRESS St.	(If rural, give location Paul Street	n)
3. NAME OF DECEASED (Type or Print)	(First) Fred	(Middle) Atlee	(Last) Kephart	4. DATE (Month) OF DEATH AUGU	(Day) (Year) ust 15 19 5
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH	9. AGE last birthday If ur Mon	
done during most of we Electricia	orking life, even if retired)	10b. Kind of Business or	Boonsboro, Wa	or foreign country)	COUNTRUSA
	r B. Kephart			le Cline	
(Yes, nower unknown)	ER IN U.S. ARMED FORCES! (If yes, glav war or fintes of service)	16. SOCIAL SECURITY NO. 214-28-7325		phart- Boonsboro	o, Md.
Immediate Antecden Diseases or or giving rise to stating the un	f cause(s) onditions, if any, the above cause derlying cause last	acute bacte nephretic multiple	erial endocardi abscess fractures verte tures carpal &	brae, multiple	1 mo 5 mos.
related to the disease	ting to the death but not e or condition causing death	INDINGS OF OPERATION			20. AUTOPSY?
4/55-rt.ne	phredtomy -	peri-nephritic a	bscess (CITY OR	TOWN) (COUN	Yes No
PRIMARY TOR CO CAUSE OF DEATH TIME (Month) OF INJURY 12-1	(Day) (Year) (Hour)	office lidg. etc.) RY nome INJURY OCCURRED While at Not while work at work	Boonsboro How DID INJURY OC	Washington	Md •
obtained by said from: natural SIGNATURE SIGNATURE	Autopsy, Inspection or causes accident	Ins described above, held an A Inquiry, find that said dece suicide homicide EPUTY TEDIEAL TO MAN 11	antopsy , Inspection ased died on the dry state undetermined , ADDRESS N. Potomac St	, Inquiry thereon a ed above, and death in a	DATE SIGNED d. 8-17-55
DATE REC'D BY L	Fial Aug.18	155 Boonsboro	Cemetery	Boonsboro, Wash	Co Md.
AREC	The state of the s	17/1	24. FUNERAL DIRECTO	C D	ADDRESS

WILLE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Is expecially important. Physicians: please write the causes of death clearly and legibly.

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A UASAUA

(Year)

Hours

12. CITIZEN OF WHAT

U.S.A.

Interval Between

Onset And Death

COUNTRY?

20.

06. 8.195

(STATE)

1955

COUNTY

Months

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BINDING

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BUREAU V. S.

DESTE C. NELSON

THE RESERVE OF THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (18137) 8123 CERTIFICATE OF DEATH Reg. Dist. No. 342....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Washington MARYLAND	STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) Town Hagerstown 62 yrs.	Town Hagerstown 03
HOSPITAL OR INSTITUTION OR STREET ADDRESS 614 M. Church St.	STREET (If rural give location) ADDRESS 35 E. Franklin St.
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Beulah Mabel Lehm	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: Aug. 23 19 55
	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired chine opt. Stocking mfg.	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13 FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Joseph Trumpower	Catherine Atherton
IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY ND.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates no of service)	Mrs. Darris Allen, Hagerstown, Md.
18. MEDICAL CENTIFICA	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH OF	ONSET AND DEATH
1/0 ×	col Oreast (owo
IMMEDIATE CAUSE (A)	Caro.
ANTECEDENT CAUSE (S)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	DN A VICE AND
610-55 Cag pre	art(l) 20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE Home, farm, farm, farm farm, far	ctory. 21c. WHERE DID (City or town) (County) (State) ., etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work at work	D 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	1955, to Court 3, 1955 that I last saw the deceased
	1166
alive on 7-23 . 19 5 5 and that death occurred at	t //-57 M, from the causes and on the date stated above.
14.11.0	M.D. Hageistown, Mig 8-24-5-1-
	TERY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (SPECIFY)	en Cemetery Hagerstown, Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS

BUREAU V. S.

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VS. A15-10-5

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefull,	correct age is especially important. Physicians: please write the causes of death clearly and legibly.
R	is
(E)	age
TYP	rrect
PLEASE	[00]

every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18()8138

CERTIFICATE OF DEATH

	6	-	00	1
Dag	Dist.	No	-3	02
ILUE.	DIST.	TAO.		

1. PLACE OF DEATH:		1 2. USUAL RESI	DENCE (HOME) OF DECEA	SED:
		20		
COUNTY Washington	MARYLAND	STATE May	e corporate limits, write RURA	shington
CITY (If outside corporate limits, write F	RURAL LENGTH OF STAY	OR CITY(If outside	le corporate limits, write RURA	L and give nearest town)
/ TOWN		TOWN		03
Hagers town	8years	STREET	Gersthun (If rural give locati	ion
INSTITUTION OR		ADDRESS	(II Idial Bive locate	/
9 STREET ADDRESS	unty Home	D.	Therese County	Home
3. NAME OF (First)		(Last)	4. DATE (Month)	(Day) (Year)
DECEASED: (Type or Print) Marcaret.	Liz	er	OF DEATH: Aller	
5. SEX: 6. COLOR OR 7. SINGLE,	MARRIED, 8. DATE	OF BIRTH:		
(Engelfus)		77 7007	Months yrs.	
Female White (Specify)	Widow Jan	11 1881	(State or foreign country):	21
work done during most of working life.	OR INDUSTRY:	II. BIRTHPLACE	(State of Toreign country):	COUNTRY?
even if retired:	At Home	Williamsr	ort. Md.	USA
13. FATHER'S NAME:		14. MOTHER'S	MAIDEN NAME:	
Talan D Males		Total	D	
John E. Wolfe 15. WAR DECEASED EVER IN U.S. ARMED FORCEST	IS. SOCIAL SECURITY NO.	17. INFORMANT	Bowers	
(Yes, no, or unk.) (If Yes, give war or dates	IS. SOCIAL SECURITY NO.	17. INFORMANT	a ADDRESS:	
No of service)	None	George Wo	lfe Williamsp	ort Ma
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY.	THE	Chile	ystetus.	
	FINDINGS OF OPERATIO	N		20. AUTOPSY?
		A CONTRACTOR		YES NO
21A. ACCIDENT WAS UNDERLYING 21 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	B. PLACE (Home, farm, fac FINJURY street, office bldg.,	tory, 21c. WHERE etc. INJURY OCC		ounty) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While Not while at work	21F. HOW DID	INJURY OCCUR?	
22. I hereby certify that I attended th	e deceased from	F., 1953 to C	219.5 Sthat I I	ast saw the deceased
alive on Cure >, 19.5. and signature	ster M	.D. ADDRE	The four Ind	DATE SIGNED
23. BURIAL, CREMATION. DATE THERECALL (SPECIFY) BURIAL Aug. 5, 1	955 Riverview	Cemetery	Williamspor	
DATE REC'D BY LOCAL BEGISTRAR'S		24. FUNERAL		ADDRESS
REGISTER RS, 1955 CONDAST	Bowe			msport, Md.

SECELVED STORE

BUREAU V. S.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9228

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Maryland	STATE Md COUR	TY Wash.
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL a	
TOWN (in this place)	TOWN DALL A	0
HOSPITAL OR LE &	July Marriere	h X
INSTITUTION OR TOLOGISTING CONTRACTOR	STREET (If rural give location)
STREET ADDRESS		
3. NAME OF (First) / (Middle)	(Last) 4. DATE (Month) (Day	y) (Year)
(Type or Print) Hally Elward Ma	anning OF DEATH: aug 24	1955
S. SEX: S. COLOR OR 7. SINGLE, MARRIED. 8. DATE	OF BIRTH: 9. AGE last birthday: H UNDER 1	
RACE: WIDOWED, DIVORCED, (Specify);		ays Hours Min.
Tractical Cu.	7-1000 69 101	ST OF WHA
work done during most of working life. INDUSTRY:	II. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
even if retired): merchant merchant	Fullon County Pa	u.S.A
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Thomas marriage	Complia Gunnels	
	INFORMANT & ADDRESS:	
Yes, no, or unk.) (If Yes, give war or dates of	0-7-10 - has Ho	- 0 hr
100 016-09-00 4711	is as eleas Manning Ha	NCC-6-55-111
18. MEDICAL CERTIFICATI	ON	Interval Between
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0 11.	Onset And Dea
Immediate cause (a) Clean	& Hemonhage	5 monte
DUE TO	.00	
Antecedent causes (s) Diseases or conditions, if any,	P. Achirosis	5 yrs.
giving rise to the above cause stating the underlying cause last,	376	
stating the underlying taute 120t.		1
1. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not related to the disease or condition causing death.		
9a. DATE OF OPERATION: 1 19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY
		Yes No No
I. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	STATE)
SUICIDE OF office bidg., etc.)		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At Work		
22. I hereby certify that I attended the deceased from May 9.	1056 1 Rue 74 1055 West Tlant	anny the decease
	,1955, to Aug. 24, 1955, that I last	saw the decease
alive of 24, 1954, and that death occurred at	1.55 I from the causes and on the date	stated above.
SIGNATURE (Degree or titie)	ADDRESS Md D.	SE 12.5
3. BURIAL CREMATION, DATE THEREOF NAME OF CEMETER	cuar of	0/20/00
REMOVAL (Specify)		(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Comstelly Medmore Fulto	ADDRESS
REGISTRAR TEGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
mg 21-0 perty in trikler	Howard of Horal Hameson	2 mal
(1)	1/	

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BUREAU V. S.

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VS.

	CERTIFICATE		I—BALTIMORE, 1 TH Reg.	813936-4
Item 8, Film G185, 8-24-55 1 1. PLACE OF DEATH:	on	2. USUAL RESIDEN	NCE (HOME) OF DECEAS	
COUNTY Washington	MARWI AND			
CITY (If outside corporate limits write P	MARYLAND URAL LENGTH OF STAY	CITY (If outside	shington corporate limits, write RUI	COUNTY RAL and give nearest tow
Y TOWN and give hearest town)	(in this place) 50 Yrs	OR TOWN	Hancock M	ervland X
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rural give lo	cation)
3. NAME OF (First) DECEASED: (Type or Print) Robert	(Middle)	(Last)	4. DATE (Month) OF DEATH: 8	(Day) (Year) 12 19 55
5. SEX: S. COLOR OR 7. SINGLE.	John McCandli MARRIED, 8. DATE (AGE last birthday: IF UN	A DO
	ed, Divorced, : Married Oct 1	8 1880/1	75 yrs. Mont	hs Days Hours Min.
work done during most of working life,	0b. KIND OF BUSINESS OR INDUSTRY:		(State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	westment Banker	Piedmount 14. MOTHER'S MAID	EN NAME:	0.3.4.
Upton B McCandlish		Mar	gret Landstreet	
Yes, no, or unk.) (If Yes, give war or dates of		INFORMANT & ADD		
Ies 1	8. MEDICAL CERTIFICATION		andlish Penna.A	ve. Hancock Md.
I. DISEASES OR CONDITIONS DIRECTLY				Interval Between Onset And De
Immediate cause (a)	Caronar	y freely	sion	Fen mi
Antecedent causes (s)		1.	sion	
Diseases or conditions, if any,	Muss	ellosis	***************************************	
giving rise to the above cause stating the underlying cause last. DUE To				
(c)				
 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing d 	Probable Co	arinom	a (Bastrie)	
19a. DATE OF OPERATION: 19b. MAJOR F			The state of the s	20. AUTOPSY
21. ACCIDENT (Specify) PLACE	477	ACIMII OD MORIN	(COVINEY)	Yes No
SUICIDE OF INJURY	(Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN	(COUNTY)	(STATE)
OF	INJURY OCCURED While at Not While Work □ At Work □	HOW DID INJURY	OCCUR?	
22. I hereby certify that I attended the	deceased from 7-15	1955 to 8-	12 195.5, that I	last saw the decease
alive on 8-12, 1955, and th	at death occurred at	40 P.M. from	the causes and on the	date stated above.
23. BURIAL CREMATION BATE THEREON	2 m. p.	Have	ock md	8-13-55
23. BURIAL, CREMATION DATE THEREOI REMOVAL (Specify) Burial	Presbyterian C		Hancock Washin	
DATE REC'D BY LOCAL DEGISTRAR'S		4. FUNERAL DIREC	TOR	ADDRESS
X1, 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	41/1/0	110000	1810 a da	

Gene Hanco

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BUREAU V. S.

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2411 N. Charles Street, Baltimore

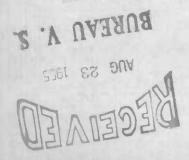
CERTIFICATION CE	TE OF DEATH Reg. Dist. No.	302
1. PLACE OF DEATH Hagestown Washington Maryland	2. USHAL RESIDENCE (HOME) OF DECEASED COUNTY	inda
OR give nearest town) OR give nearest town (in this place)	OR TOWN Laneock	o neglrest town)
8 STREET ADDRESS Washington County Asspita	STREET (If rural, give location)	/
3. NAME OF (First) (Middle) DECEASED (Type or Print) EdgAR Austin McKee	(Last) 4. DATE (Montb) OF DEATH august	(Day) (Year)
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE last birthday II under Months 72 yrs.	Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business of Industry Livering	whichtone la.	COUNTRY! States
13. FATHER'S NAME JOHN MCKEE	14. MOTHER'S MAIDEN NAME MALINDA DANIELS	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (II yes, give war or dates of service)	17. INFORMANT AND ADDRESS WILLIAM CHOCK LE Gr. Ita	wack In
18. MEDICAL CI	ERTIFICATION	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) a cute cliff	use peritorilio	2.4 hrs
Antecedent cause(s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last	ticulitio of signoid	36 lus.
(c)	U	
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from \$ -1.9	, 1954, to 8- 20 , 1955, that I last s	aw the deceased
alive on S. 20 , 1955, and that death occurred at (Degree or title)	3.40 P.m., from the causes and on the date st	ated above. DATE-SIGNED
af Drunkock Ms.	1700 work & A geston less	8/20/14
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETI REMOVAL (Specify) 8/23/55 NETHODOS	ST CEM. HANCOCK, Med.	R.V
DATE REC'D BY LOCAL REGISTRAR'S SCNATURE	1. H. Kunnger Mercers	Lug la.
B		/

W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



PLEASE TYPE

MARGIN RESERVED FOR BINDING

8126 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Washington MARYLAND	STATE Maryland COUNTY Wa	shington
CITY (If outside cornerate limits write RURAL, LENGTH OF STAY	CITY(If outside corporate limits, write RURAL	
OR and give nearest town) OR and give nearest town Town Clear Spring Life	TOWN Clear Spring	X
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)
STREET ADDRESS Washington Co. Hospital		
		(Day) (Year)
	Kee OF DEATH: AUE	17 19 55
RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER 1 Months	Days Hours Min.
Male White (Specify): July	y 6. 1952 3 years 1	12
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NUMBERS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
None	Washington County, Mdl.	U.S.A.
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
John Samuel McKee	Hildred Louise Rowla	nd
S. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates None	John Samuel McKee Jr.	
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	ELOGENOUS LEUKEMIA	1 MONTH
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.	NONE	
198. MAJOR FINDINGS OF OPERATION NONE		20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OF INJURY street, office bldg., IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (Coun etc. INJURY OCCUR?	ity) (State)
DF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from AUG IA alive on AUG I7, 19 55, and that death occurred at SIGNATULE	8, 35RM from the causes and on the date ADDRESS DA	
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, o	
Burial Aug. 20, 1955 St. Pa	uls Cem. St. Pauls, Cl	lear Spring
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE RESTRAR 22 (955 EMANTED WELL)	Adrian H. Rowland Clear Spr	ing. Md.

TOTAL PROPERTY AND ADMINISTRATION OF THE PARKET

WHIRE STREET, STATE OF STATE STATES

BUREAU V. S.

AUG 24 1955

DECENTED



BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0 1	128	CERTIFICATE	OF	DEATH

Reg. Dist. No. 582

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Washington MARYLAND	Md. Wash.
COUNTY MARYLAND CITY (If outside corporate limits, write RURAL, LENGTH OF STAY)	STATE COUNTY CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place)	OR
03 TOWN Hagerstown 60 yrs.	TOWN Hagerstown 03
HOSPITAL OR Weahington Co Hognite	STREET (If rural give location)
Washington Co. Hospital	ADDRESS 841 Lanvale St.
V I	
	(Last) 4. DATE (Month) (Day) (Year)
(Type of Print) Dessie Viennie Myen	of Aug. 28, 19 55
5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
female white Specify: widowed Jan.	9, 1885 70 yrs. Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
OA. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	
even If retired house wife own home	Cavetown, Md.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Jacob Johns	Mary E. Sigler
S. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY ND.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates	
no of service)	David Myers, Hagerstown, Md.
STATING UNDERLYING CAUSE LAST.	sulenhin be west disance years.
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO DE
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor Contributing Cause of Death (IF either, notify medical examiner)	cory. 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from & a	1953; to 2 for 19 5, that I last saw the deceased
alive on 2 , 19 , and that death occurred at	ADDRESS DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETI	
REMOVAL (SPECIFY)	
burial Aug. 31, 55 Rose Hil	1 Cemetery Hagerstown, Md.
DATE REC'D BY LOCAL RAGIATRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
1211 30,1955 BRASH 1200000	Scott F. Minnich & Son, Hagerstown

DECEINED

BUREAU V. S.

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A15 VS.

AND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 8129

Reg. Dist. No. 302

1 PLACE OF DEATH.		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME.) OF DECEASE	ED:
COUNTY WASHINGTON : MARYLAND	STATE MARYLAND COUNTY WASH	INGTON
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL	
OR and give nearest town) TOWN HACERSTOWN (in this place) 23 DAIS	TOWN FUNKSTOWN	X
HOSPITAL OR	STREET (If rural give location	1) /
SISTREET ADDRESS WASH. CO. HOSP.	ADDRESS 2I EAST BALTIMORE S	r
3. NAME OF (First) (Middle) DECEASED: (Type or Print) EDWARD SCHU	(Last) 4. DATE (Month) OF DEATH: 8	(Day) (Year) 5 19 55
RACE: WIDOWED, DIVORCED,	SEPT. 23 I904 5 50 yrs.	Days Hours Min.
	11. BIRTHPLACE (State or foreign country): 12	
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TNODECTOR FAIRCHILD AIRCRAF	MELT TEDGEV	COUNTRY?
INSLECTOR	T NEW JERSEY	U.S.A.
3. FATHER'S NAME:		
GEORGE SCHUCK	MARIE	
Yes, no or unk.) (If Yes, give war or dates of service) (16 29-07-7471	MRS. RODELLA STERLING FUNKS	rown, MD.
	<u> </u>	
18. MEDICAL CERTIFICA I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TION	INTERVAL BETWEEN
The state of the s	1	
IMMEDIATE CAUSE (A)	re bronchial asthma	2yrs
THINEDINIE CHOOL	chiectasisis	lyr
		191
DISEASES OR CONDITIONS, IF ANY, (B)	0	
GIVING RISE TO THE ABOVE CAUSE DUE TO Malion	ancy of power	10 mos
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO Malign	ancy of bowel	10 mos
(c) arter	io. Soleralis ruyorardial kear	10 mos
(c) arter	ancy of bowel my orandial kear	10 mos
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	io. Solerolis myorardial kear	10 mos
TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	io. Solerolis myorardial kear	20. AUTOPSY?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	io. Solerolis myorardial kear	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor contributing Cause of Death of Injury street, office bldg	DN DE CETTE LE MARTE DID (City or town) (Cou	20. AUTOPSY?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor contributing 21B. PLACE (Home, farm, factor contribution 21B. PLACE (Home, farm, factor contri	DN actory, 21c. WHERE DID (City or town) (Country, 10,000 to 10,0	20. AUTOPSY?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg OR CONTRIBUTING CAUSE OF DEATH OF INJURY Street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work	netory, 21c. WHERE DID (City or town) (Country, etc. INJURY OCCUR?	20. AUTOPSY? YES NO Z
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF INJURY Street, office bldg OF INJURY WEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY While Not while at work	netory, 21c. WHERE DID (City or town) (Country, etc. INJURY OCCUR?	20. AUTOPSY? YES NO Z
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER) OF INJURY 21B. PLACE (Home, farm, fa OF INJURY street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER) OF INJURY 22C. I hereby certify that I attended the deceased from	co. Soleralis ruyotardia kear con con con con con con con co	20. AUTOPSY7 YES NO CO
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY OCCURRE While at work 22. I hereby certify that I attended the deceased from	co. Soleralis ruyorardial learning. Country, 21c. WHERE DID (City or town) (Country, 1915, 1915, that I late the country of t	20. AUTOPSY7 YES NO CO
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg (If EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While at work at work 22. I hereby certify that I attended the deceased from	co. Soleralis ruyorardia kear (Cou injury occur? 21f. How did injury occur? ct. 19.42 to 8/2, 19.22, that I la t 11:10 M, from the causes and on the dat Address M. D. Hagerstown, Md.	20. AUTOPSY? YES NO COUNTY) (State) St saw the deceased a stated above. ATE SIGNED
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF INJURY Street, office bldg OF INJURY OF INJURY 21B. PLACE (Home, farm, fa OF INJURY street, office bldg While Not while at work At work 22D. Time (Month) (Day) (Year) (Hour) M. at work 22. I hereby certify that I attended the deceased from Causing on 8/5/55 19 and that death occurred a SIGNATURE CHEEN WHILE 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEME	co. Soleralis ruyorardial learning. DIN Actory. 21c. WHERE DID (City or town) (Cour., etc. INJURY OCCUR? DID 21f. HOW DID INJURY OCCUR? 1t. 19 4? to 8/2 19 22, that I late the state of the causes and on the date ADDRESS	20. AUTOPSY? YES NO COUNTY) (State) St saw the deceased a stated above. ATE SIGNED
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, farm	co. Soleralis ruyorardia kear (Cou injury occur? 21f. How did injury occur? ct. 19.42 to 8/2, 19.22, that I la t 11:10 M, from the causes and on the dat Address M. D. Hagerstown, Md.	20. AUTOPSY? YES NO 2 Inty) (State) St saw the deceased e stated above. ATE SIGNED OF COUNTY) (State)



BUREAU V. S.

MARGIN RESERVED FOR BINDING

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VS.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Brewer Reg. Dist. No. Dr

8158 CERTIFICATE OF DEATH

2 USUAL RESIDENCE (HOME) OF DECEASED: Maryland Washington
STATE COUNTY
TAY CITY(If outside corporate limits, write RURAL and give nearest town
or town Hagerstown 03
STREET (If rural give location)
me 615 No. Mulberry St
(Last) 4. DATE (Month) (Day) (Year)
HANK DEATH: Aug 2 1955 19
ATE OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
t 24 1867 87 yrs. Montais Days Mours Min.
S 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
near Myersville Md. USA
14. MOTHER'S MAIDEN NAME:
Adalne Harbaugh
. 17. INFORMANT & ADDRESS:
Harry H. Shank
CATION INTERVAL BETWEEN
ONSET AND DEATH
End or Conclution 5- una
Craco concers o from
L O AS. D
erial occessors 10 yrs
TION 20. AUTOPSY?
YES NO
factory, 21c. WHERE DID (City or town) (County) (State) INJURY OCCUR?
RED 21F. HOW DID INJURY OCCUR?
ay h, 1955, to July 1, 1955, that I last saw the deceased
at 7.30 9.M, from the lauses and on the date stated above.
ADDRESS DATE SIGNED
M.D. Clear Spring Md 8/3/
METERY OR CREMATORY LOCATION (City, town, or county) / (State
Cemetery Boonsboro Md.
24. FUNERAL DIRECTOR ADDRESS
Andrew K. Coffman Hagerstown Md.

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BUREAU V. S.

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BECEINED

BUREAU V. S.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

The

Supply every item of information carefully.

UNFADING INK. PLEASE TYPE OR WRITE PLAINLY, WITH

A15-10-

VS.

MARYLAND STATE DEPARTMEN	NT OF HEALTH—BALTIMORE, 18 08147
' 8159 CERTIFICAT	E OF DEATH Reg. Dist. No. 302
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Washington MARYLAND	STATE Maryland county Washington
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town
X TOWN Hagerstown Rural 6 years	TOWN Hagerstown Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. #2	STREET If rural give location) R.F.D. #2
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) CORA LEE SHING	LETON OF August 3 1955
RACE: WIDOWED, DIVORCED.	or 10, 1881 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Min. 23
10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired housewife	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHA
13. FATHER'S NAME:	Montgomery County Maryland U.S.A.
Elizah Watkins	14. MOTHER'S MAIDEN NAME: Amanda Phillips
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates no f service)	Mr. Riley B. Shingleton Hag. R.F.D. #2
(C)	us Belirote find
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
21a. ACCIDENT WAS UNDERLYING \(\) CR CONTRIBUTING \(\) CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while At work at work	
23 BURIAL, CREMATION. DATE THEREOF NAME OF CEMETI REMOVAL (SPECIFY) 8/5/1955 Shankstown C Burial	M. from the causes and on the date stated above. ADDRESS DATE SIGNED 8-3-55 ERY OF CREMATORY LOCATION (City, town, or caunty) Church Cemetery Shankstown, Maryland (State)
REJISTRARY 1955 Philippine	C. M. Suter & Sons Hagerstown, Maryland

BUREAU V. S.

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VS. A15-10-5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08148

8160	CERTIFICAT	TE OF DEATH	H Reg. Dis	st. No. 381
1. PLACE OF DEATH: COUNTY (A Shines for	MARYLAND	STATE 772 d.	COUNTY (a.S.	ED:
CITY (If outside corporate limits, write OR and give nearest town)	RURAL LENGTH OF ST	TOWN Hay-	crate limits, write RURAL	
90 STREET ADDRESS 1540. Out	Leanst Williams	primal.	If rural give location	"st @305"
3. NAME OF DECEASED: (Type or Print) 5. SEX: 6. COLOR OR 7. 5 HNOW	(Middle)	J (Last) Em oker TE OF BIRTH: 19.A	4. DATE (Month) OF DEATH: Cliquest	(Day) (Year) 19 1955
famile lulity (Specif	WED, BIVORGED, July:	28,1862	GE last birthday Months yrs.	Days Hours Min.
NOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired);	OR INDUSTRY:	Franklin Ce	te or foreign country): 112	COUNTRY?
13. FATHER'S NAME: Hugh So	yd Craig.	MArtha	- agnes (Dru
(Yes, no, or unk.) (If Yes, give war or date of service)		17. INFORMANT & A	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· Abgerstown
I DISEASES OR CONDITIONS DIRECTL	18. MEDICAL CERTIFIC Y LEADING TO DEATH	CATION	278421136	INTERVAL BETWEEN
IMMEDIATE CAUSE ANTECEDENT CAUSE (S)	DUE TO	e left femus		8 rues
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO	schrotie heart	dulase	10 years)
II OTHER SIGNIFICANT CONDITIONS	(C)			
TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING	O THE	lized exterioscle	noris	
	U	0		YES NO
OR CONTRIBUTING CAUSE OF DEATH	Horne	lg., etc. INJURY OCCUR?	Hogerstown Was	high hd
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Dec. 21 115+ 6P. M.	While Not while at work at work		a the med	room floor
22. I hereby certify that I attended alive on		at 3	U	V
SIGNATURE P. S. Stauffer		M.D. Hellstown	~ Ind a	M. 19. 1955
23. BURIAL, CREMATION, DATE HER REMOVAL (SPECIFY) Cre ma from 8/2//	1955- Lee's C+	etery or crematory		Pistrict of Column
DATE REC'D BY LOCAL REGISTRAN	e Al Chou	Harolf he.	CTOR	free tastle 14

BECEINED

BUREAU V. S.

SG61 PG 5UA

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: WASHINGTON WASHINGTON MARYLAND and Tegibly. COUNTY MARYLAND STATE COUNTY CITY (If outside corporate limits, write RURAL| LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) 2 TOWN HAGERSTOWN (in this place) OR HAGERSTOWN HOSPITAL OR STREET (If rural give location) INSTITUTION OR WASHINGTON COUNTY HOSPITAL ADDRESS 357 CANNON AVE. clearly 3. NAME OF 4. DATE (Day) SIRBAUGH KAREN DECEASED: OF (Type or Print) DEATH: 5. SEX: death COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. Days Min. 20 Months Hours (Specify): EMALE 10a. USUAL OCCUPATION. Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT Jo COUNTRY? work done during most of working life, INDUSTRY: MARYLAND even if retired): INFANT 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: HAGERSTOWN Interval Between egulation Onset And Death 20. AUTOPSY ? Yes | No (STATE) (COUNTY) that I last saw the deceased from the causes and on the date stated above. DATE SIGNED LOCATION (City, fown, or county). ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

Dr. Kladle

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CAPAGE . A AND SET HOUSE THE AND THE THEAD

ROBERTS "4 XABBER, "B" CENTRICK



AUG SI 1955

BECEINED

8132

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	WA SHINGTON
COUNTY WASHINGTON MARYLAND		COUNTY
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and FIGURE CONTROL (in this place)	CITY (If outside corporate limits, write RUR.	AL and give nearest town)
HOSPITAL OR INSTITUTION OR WASHINGTON COUNTY HOSPITA	L STREET 351 S. CANNON	
(Type or Print)	IRBAUGH 4. DATE OF AUGUST	(Day) (Year) 28 19 55
5. SEX: S. COLOR OR RACE: WHITE Specify: Jujunt 8/28	of Birth: 9. AGE last birthday: if UNOI	
10a. USUAL OCCUPATIONGive kind of work done during most of working life, even if retired): TNFANT	R 11. BIRTHPLACE (State or foreign country): MARYLAND	12. CITIZEN OF WHAT
HARRY EUGENE SIRBAUGH	14. MOTHER'S MAIDEN NAME: TERESA E. BEAVER	
15 Was Deceased Ever In U.S.Armed Forces? (Yes, po, or unk.) (If Yes, give war or dates of NONE NONE	INFORMANT & ADDRESS: AR. HARRY E. SIRBAUGH	
Is. MEDICAL CERTIFICATI I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) DUE TO Antecedent causes (s) Diseases or conditions, if any, (b)		Interval Between Onset And Dante
giving riae to the above cause stating the underlying cause last.	7 .	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
AL ACCEPTANCE		Yes No
21. ACCIDENT (Specify) SUICIDE (Specify) INJURY SUICIDE (Specify) PLACE (Home, farm, factory, street office bldg., etc.)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m.	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from alive on 28, 19 3, and that death occurred at SIGNATURE Degree or title) PAGE OF CEMETE 23. BURLAU CREMATION, DATE THEREOF NAME OF CEMETE	6.58 M rom the causes and on the d	B 7947
PATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	23. MUNERAL DIRECTOR HEAVE	ADDRESS

VS. A15

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct

MARGIN RESERVED FOR BINDING

BUREAU V. S. ALGED 1955

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08151

8133

CERTIFICATE OF DEATH

Reg. Dist. No. 302

	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Washingto n MARYLAND	STATE Maryland con	NTY Washington
CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) TOWN Hagerstewn 1 day	CITY (If outside corporate limits, write RURAL TOWN Hagerstown	and give nearest town)
10SPITAL OR INSTITUTION OR STREET ADDRESS Garlock Memorial Home	STREET (If rural give location Address 822 Pine Street	on)
3. NAME OF (First) (Middle) DECEASED: (Type or Print) MARGARET MAE		6 (Year) 19 55
Female White Widowed August	£ 51,1010 10 Als. 150	Days Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework	R II. BIRTHPLACE (State or foreign country): 12 Martinsburg, West Virginia	COUNTRY? U. S. A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Joseph Byers	Anna E. Ford	
(Ves no or unk) (If Ves give men on dates of	. INFORMANT & ADDRESS:	
no service) none l	Mrs. Anna E. Wolfe Hagerstown,	Maryland
Immediate cause Antecedent causes (s) Diseases or conditions, if any, giving riac to the above cause stating the underlying cause last. (a) DUE TO (b) DUE TO (c)	ized antenios chrosis schrotic Heart Disease	i yv
Conditions contributing to the death but not related to the disease or condition causing death.		
		20. AUTOPSY ?
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		201 11010101
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		Yes No D
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street office bldg., etc.) 19b. MAJOR FINDINGS OF OPERATION PLACE (Home, farm, factory, street office bldg., etc.)	t, (CITY OR TOWN) (COUNTY)	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street office bldg., etc.)	HOW DID INJURY OCCUR?	Yes No D

VS. A15

RECEIVED

AUG 22 1955

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

HAGERSTOWN, MD.

8134	CERTIFIC	CATE	OF DE	ATH	Reg. Dist.	No. 3	02
1. PLACE OF DEATH:				IDENCE (HOME) OF			
COUNTY WASHINGTON	MARYLANI)	STATE MAI	RYLAND COUN.	ry WASH	HINGTON	
CITY (If outside corporate limits, write on and give nearest town) AGERSTOWN	e RURAL LENGTH	OF STAY	CITY(If outs OR TOWN	ide corporate limits, wr HAGERSTOWN	ite RURAL a	nd give near	est town
HOSPITAL OR INSTITUTION OR STREET ADDRESS 432 GEORG	E ST.		STREET ADDRESS	432 GEORGE	ST.		1
3. NAME OF (First)	(Middle)	(1	ast)	4. DATE (M	onth) (I	Day) (Y	ear)
(Type or Print) LILLIAN	Μ,	STATL		OF DEATH:	8 6	19	55
	WED, DIVORCED,	OCT, 7	ог вікты: ,1872	9. AGE last birthday 82 yrs.	IF UNDER 1 Y	ays Hours	Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK	OWN HOME		PENNA.	E (State or foreign con		CITIZEN OF COUNTRY?	F WHAT
13. FATHER'S NAME:			14. MOTHER'S	MAIDEN NAME:			
CHRISTIAN MYERS			LEAH W	INGER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or date of service)			17. INFORMAN	T & ADDRESS: STATLER HAGE	RSTOWN, M	D.	
IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(A) DUE TO (B) DUE TO (C)			ocardial hear			yre
II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING	CONTRIBUTING O THE						J
	OR FINDINGS OF O	PERATION				20. AUT	OPSY?
21A. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	218. PLACE (Home, OF INJURY street, o	farm, facto ffice bldg., e	te. INJURY OC	E DID (City or town)	(Count	y) (S	tate)
OF TNJURY Would M.	While Not at work at w	while		D INJURY OCCUR?			
S. When't mell	and that death occ	urred at	β	the causes and on ess	the date :	stated above SIGNED	ve.
23. BURIAL, CREMATION, DATE THEF REMOVAL (SPECIFY) BURIAL 8/9/55	REST H			HAGERSTO		county)	(State)

RGIN RESERVED FOR BINDING

OR WRITE PLAINLY, WITH UNFADING INK.

PLEASE TYPE

Supply every item of information carefully. The

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BECEINED

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASE	D.
COUNTY Washing to		STATE Maryland County Wash	
CITY (If outside corporate limits, OR and give nearest town)	write RURAL LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL a	ind give nearest to
3Town Hagerstown	10 days	TOWN Hagerstown	03
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washi	ngton Co. Hospital	STREET (If rural give location) ADDRESS 144 S. Mulberry S	St.
3. NAME OF (First)	(Middle)		Day) (Year)
(Type or Print) OTHELI	A MAY STOL	IFFER DEATH: Aug.]	7. 1955
5. SEX: 6. COLOR OR 7. S	VIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER 1	
Female White 'OA. USUAL OCCUPATION (Give kind		11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WH
work done during most of working even if retired): Housewif	ife, OR INDUSTRY:		COUNTRY?
3. FATHER'S NAME:	e Own Home	Spielmans Sta., Maryland	U.S.A.
4 0 24			
Aaron C. Middl		Laura Eakle	
*. Was Deceased Ever in U.S. Armed F (Yes, no, or unk.) (If Yes, give war o			
No of service)	None	Mr. Clarence W. Stouffer	
I DISEASES OR CONDITIONS DIF	18. MEDICAL CERTIFICAT	TION	ONSET AND DE
4.20.1	LECTET EEADING TO DO	07 01.	CHSE! AND DE
IMMEDIATE CAUSE	(A) 000	may arting schroses	148
ANTECEDENT CAUSE (S)	DUE TO	11-10+	
DISEASES OR CONDITIONS, IF AN	Y. (B) Yeu	exclused freemasclera	2 10 m
GIVING RISE TO THE ABOVE CAU STATING UNDERLYING CAUSE LA	SE DUE TO		
II OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DEATH BUT			
	MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY
			YES NO
21A. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DE	ATH OF INJURY street, office bldg.	ctory, 21c. WHERE DID (City or town) (Country, etc. INJURY OCCUR?	ty) (State)
21D. TIME (Month) (Day) (Year) (DF INJURY		D 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I atter	ided the deceased from	ne, 1955 to Oug 17, 1955, that I last	saw the decea
alive on Oug 17, 195	5 and that death assumed at	215PM, from the causes and on the date	etated above
SIGNATURF	and that death occurred at	ADDRESS DA	TE SIGNED
Kalu	De la Como Della	o. D. Wagensloun &	8/19/5
	THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, town, or	county) (S
REMOVAL (SPECIFY) Burial 8-2	0-55 Bakersvill	le Cemetery Bakersville, 1	Md.
	TRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

Andrew K. Coffman-Hagerstown, Md.

VS.

DECEDVED
AUG 23 1955
BUREAU V. S.

VS. A15-10-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4	CERTIFIC	MA	F	TITE (OT	TOTE	THE
۹		1 /					

Reg. Dist. No. 30/

Albert L. Leaf Williamsport, Md.

0101	Reg. Dist. No 9
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Washington MARYLAND	STATE Monuland COUNTY Wash,
CITY (If outside corporate Minits, write RURAL LENGTH O OR and give pearest town) (in this TOWN William Sport, Md. 54mm 47)	F STAY CITY(If outside corporate limits, write RURAL and give nearest town OR
HOSPITAL OR WILLIAMS PORT Sahitar 90 STREET ADDRESS WILLIAMS PORT, Md	STREET (If rural give location) ADDRESS Raute # /
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Benjamin	(Last) Swain 4. DATE (Month) (Day) (Year) OF DEATH: Aug 8. 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8 RACE: WIDOWED, DIVORCED,	DATE OF BIRTH: 9. AGE last birthday IFUNOR 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
work done during most of working life, even if retired): Farmer Farm Owner	NESS 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? Sharpsburg, Md. 72.5.4
13. FATHER'S NAME: Benjamin Swain	14. MOTHER'S MAIDBY NAME: Elizabeth Boyer
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mr. E. Lester Swain Maryland.
IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (A) DUE TO (B) DUE TO (C)	te Heart Failine 2 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	crebral trascular acudant Typo apri
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OP	ERATION 20. AUTOPSY? YES NO NO
21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OC While Not work at work at work	while
22. I hereby certify that I attended the deceased from alive on 1900, and that death occursionature.	rred at 75 M, from the causes and on the date stated above. ADDRESS M. D. Williams M. D. Willi
23. BURIAL CREMATION, DATE THEREOF NAME OF BURIAL (SPECIFY) Aug. 10, 1955 Mt. VI	CEMETERY OR CREMATORY /LOCATION (City, town, or county)/ (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS

BUREAU V. S.

AUG IS 1955

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

VS. A15-

Supply every item of information carefully. The

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

8136 CERTIFICATE OF DEATH

RE, 18 08155 Reg. Dist. No. 30.3.

1. PLACE OF DEATH:		2. USUAL RESIDE	NCE (HOME) OF DECI	EASED:	
COUNTY Washington	MARYLAND	STATE Per	na. county	Franklin	
CITY (If outside corporate limits, write	CITY(If outside corporate limits, write RURAL and give nearest town)				
OR and give nearest town)	OR	OR			
OSTOWN Hagerstown	Town Waynesboro R. D. 1				
HOSPITAL OR		STREET	(If rural give loc	ation)	
INSTITUTION OR STREET ADDRESS	Town of the Tile and	ADDRESS		75 X - 31	
70 STREET ADDRESS Gateway Nursing Home		Rural			
3. NAME OF (First)	(Middle)	Last)	4. DATE (Month)	(Day) (Year)	
DECEASED: (Type or Print) Lewis	Edmund To	sten	OF DEATH: Aug.	22 1955	
5. SEX: 6. COLOR OR 7. SINGL				DER I VEAR IF UNDER 24 HRS.	
RACE: WIDOV	WED, DIVORCED.		Mont		
Male White Specify	" Widowed Jul	y 9, 1872 I	83 yrs.		
OA. USUAL OCCUPATION (Give kind of 1	OB. KIND OF BUSINESS	11. BIRTHPLACE (S	State or foreign country):	12. CITIZEN OF WHAT	
work done during most of working life, even if retired):	OR INDUSTRY:			COUNTRY?	
Laborer	Farm	Penn.		U.S.A.	
13. FATHER'S NAME:		14. MOTHER'S MA	IDEN NAME:		
11		Damhas	ca E. Hoover		
Henry Tosten	18. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS		
(Yes, no, or unk.) (If Yes, give war or dates				12 70 3	
No of service)	217-10-2532	Mr John	l'osten. Wayr	nesboro, R.D.1	
IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION: 19B. MAJORITHMENT CAUSING 19A. DATE OF OPERATION: 19B. MAJORITHMENT CAUSING	O THE	ial Scral St	lerosis	10 yrs 3 mo	
		· F.B.		YES NO	
ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, R CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (County) (State)					
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work					
22. I hereby certify that I attended the deceased from July 1, 1955, to aug 22, 1955, that I last saw the deceased alive on aug 22, 1955, and that death occurred at 6.30 P.M. from the causes and on the date stated above. SIGNATURE M.D. Clear Horing Md B/23/55					
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)					
Burial Aug.		nville Cem.	Chambers		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS					
PLUG 24-1955 Drep	le W. Munay	Walter Gr	ove. Waynes	poro. Pa.	

BUREAU V. S.

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BECEINED

VS. A15

MARYLAND STATE DEPARTMEN 1 8162 CERTIFICATE	00100
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Washington MARYLAND	STATE Maryland Washington COUNTY
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) Y TOWN Rural Rancock LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hancock Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Rance Russell Tr	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: 8. 15. 19 55
5. SEX: S. COLOR OR RACE: WIDOWED, DIVORCED, (Specify) Married Aug. 18	OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 56 yrs. 11 28
work done during most of working life, even if retiredabor Industry:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? Allegany County Md. U.S. A.
13. FATHER'S NAME: Charles Trail	14. MOTHER'S MAIDEN NAME: Emma Bell
	INFORMANT & ADDRESS: Obort F Trail 105 Carson Rd. Turtle Creek Penr
	bort F Trail 105 Carson Rd. Turtle Creek Penn
No service) No 213 -18-7381 Ro 18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) DUE TO Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	obert F Trail 105 Carson Rd. Turtle Creek Penr
No service) No 213 -18-7381 Ro 18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) DUE TO Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) (c) 11. OTHER SIGNIFICANT CONDITIONS	obert F Trail 105 Carson Rd. Turtle Creek Penr ON Interval Between Onset And Death Uniform 20. AUTOPSY?
No service) No 213 -18-7381 Ro 18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	interval Between on any Hrombosis 20. AUTOPSY? Yes No B
No service) No 213 -18-7381 Ro 18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE (Specify) PLACE (Home, farm, factory, street, office hidg, etc.)	interval Between on any Hrombosis 20. AUTOPSY? Yes No B

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REMOVAL (SPECIFY)

maryland state departmen 8137 CERTIFICATE	T OF HEALTH—BALTIMORE, 18 ()8157 Dr E. W. Ditto Jr Reg. Dist. No. 302
I. PLACE OF DEATH: COUNTY Washington CITY (If outside corporate limits, write RURAL or and give nearest town) Town Hagerstown 3 Hrs	2. USUAL RESIDENCE (HOME) OF DECEASED: Penna STATE COUNTY Fulton CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Big Cove Tannery 75 x - 3 STREET (If rural give location)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ASh. County Hospital	ADDRESS
DECEASED: (Type or Print) ERTIE ALICE TR	JE 4. DATE (Month) (Day) (Year) OF DEATH: August 6 1955
RACE; WIDOWED, DIVORCED,	9. AGE last birthday 15 UNDER 1 YEAR Months Days Hours Min.
work done during most of working life, aborr green are retired nery Retired	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? Attemis Bedford Co Pa. USA
13. FATHER'S NAME: SOLOMON SMITH 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO	14. MOTHER'S MAIDEN NAME: Ellen Wilson 17. INFORMANT & ADDRESS: Mrs Helen DeLanny
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING 2000 CAUSE OF DEATH OF INJURY street, office bldg.,	ory, 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?

21A. ACCIDENT OR CONTRIBUTI (IF EITHER, NOTIFY MEDICAL EXAMINER)

21p. TIME (Month) (Day) (Year) (Hour)

21E INJURY OCCURRED
While Not while

21F. HOW DID INJURY OCCUR?

OF INJURY at work at work 22. I hereby certify that I attended the deceased from 6.

, 1955, to that I last saw the deceased

and that death occurred at 9:100 M, from the causes and on the date stated above. ADDRESS DATE SIGNED

SIGNATURF 23. BURIAL, CREMATION, DATE THEREO

M. D.V NAME OF CEMETERY OR CREMATORY LOCATION (City, town, of county)

(State)

8-9-55 DATE REC'D BY LOCAL REGISTRAR'S

24. FUNERAL DIRECTOR

Hagerstyoun ADDRESS

Andrew

Coffman Hagerstown Md.

NG TO 1955

BUREAU V. S.

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A15-10-5

VS.

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1. PLACE OF DEATH:		E (HOME) OF DECEASE	
COUNTY Washington MARYLAND	STATE Maryla	nd county Wash	ington
CITY (If outside corporate limits, write RURAL on this place) TOWN Dewnsville 74 yrs.	OR	orate limits, write RURAL	×
HOSPITAL OR INSTITUTION OR STREET ADDRESS DOWNSVIlle Md.	STREET (If rural give location) ADDRESS Dewnsville Md.		
(1) pe di 11me)	feasmith	OF DEATH: Aug.	(Day) (Year) 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DAT WIDOWED. DIVORCED. (Specify) Widowed Oct	00-	73 yrs. Norths 8	Pays Hours Min.
work done during most of working life. Reference if Strone Mason 108. KIND OF BUSINESS OR INDUSTRY: Stone Mason	Dewnsville	e or foreign country): 12.	COUNTRYSA
13. FATHER'S NAME: John Waffensmith	14. MOTHER'S MAIDEN NAME: Elizabeth Myers		
18. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, or unk.) (If Yes, give war or dates of service) None None		th Dewnsville	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S)	Duary Ft	Tromboses	INTERVAL BETWEEN ONSET AND DEATH
	/		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	V		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	ON		20. AUTOPSY? YES NO
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	actory, 21c. WHERE DID	(City or town) (Cour	YES NO

alive on? DATE SIGNED ADDRESS M. D Noar Tilehmanton NAME OF CEMETERY OF CREMATORY BUT IST CREMATION, DATE THEREOF Tilghmanton Md. SPECIFY) Manor Cemetery

DATE REC'D REGISTRAR'S SIGNATURE BY LOCAL 9

24. FUNERAL DIRECTOR ADDRESS Albert L. Leaf Willlamsport Md.

NG 18 1955

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 US159 8138 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Reg. Dist. No. 302

I. PLACE OF DEATH:	2. USUAL RESIDE	NCE (HOME) OF DECEASEDSH	TNETON
COUNTY WASHINGTON MARYLAND	STATE MARY	LAND COUN	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and gill AGERSTOWN (in This PRES).		e corporate limits, write RURAL as	
INSTITUTION OF ARLOCK MEM. CONV. HOSPITA	L STREET ADDRESS 912	(If rural give location) POTOMAC AVE.	
3. NAME OF DECEASED: (Type or Print) BERTINE F. (Middle) WESTOR		4. DATE OF AUGUST TO	(Year) 19 55
FEMALE WHITE (Specify): 3/31,	/1898	9. AGE last birthday: if UNDER 1 Yr. 57 yrs. Months Da	Hours Min.
work done during most of working life, RETURN EDITOR	NEW YOR		COUNTRY?
WILLIAM S. WESTON		BRUCE	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. (Yes, give war or dates of service)	R. ORVILLE	WESTON HAGERST	OWN MD.
18. MEDICAL CERTIFICATION	ON		Interval Between
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			Onset And Death
	lar hypertens	ion	15yra
	l hemorrhage		12 Vrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO	_	ial-heart-disease	- 6yrs
(c) 11. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY ?
			Yes Nob
21. ACCIDENT (Specify) SUICIDE OF office bldg., etc.) PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN	N) (COUNTY) (S	TATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While Not Work At Work	HOW DID INJURY		
22. I hereby certify that I attended the deceased from 4 - 9	,19 49 , to 8	10 , 19.51, that I last	saw the deceased
alive on 7. 10, 1955, and that death occurred at 8	135 P24, from	the causes and on the date soress	stated above.
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify)	O COM.	LOCATION (City town, or con	(State) (State) ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 1955 6 HASH BOWLES	24. FUNERAL DIREC	It Health	ADDRESS ALL

VS. A15

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BUREAU V. E.

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During 8/14/25 Feireren Em angeleter Jul. 19

8139 CERTIFICATE OF DEATH

Reg. Dist. No. 1302 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Washington STATE Maryland county Washington COUNTY MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) and give nearest town) (in this place) TOWN Hagerstewn Md. TOWN Williamsport davs HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS Washington County Hespital Fenton Ave. 3. NAME OF (First) (Middle) DATE (Month) (Day) (Year) DECEASED: Edna (Type or Print) Whittington DEATH: AUE. 195 6. COLOR OR |7. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER I YEAR RACE: WIDOWED, DIVORCED. Months (Specify): Widowed Aug. 1894 OA. USUAL OCCUPATION (Give kind of) IOB. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT work done during most of working life, even if retired): Housewife OR INDUSTRY: COUNTRY? USA Hagerstown Md. 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Libni Mewen Virginia Carbaugh 17. INFORMANT & ADDRESS: 878 15. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, or unk.) (If Yes, give war or dates Mebert M. Whittington Hagerstown Md. of service) I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT ONSET AND DEATH DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 YES | 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21p. TIME (Month) (Day) (Year) (Hour) 2/F. HOW DID INJURY OCCUR? Not while [7 While OF INJURY at work at work (,) 19....., 22. I hereby certif that I attended the deceased from 14.49, that I last saw the deceased M, from the causes and on the date stated above alive on and that death occurred at SIGNATURE DATE SIGNER 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county 22-1955 (peenlawn Cemetery Williamsport 24. FUNERAL DIRECTOR REC'D BY LOCAL

Albert L.

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Williamsport Md.

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The Supply every item of information carefully. especially important. Physicians: please write the causes of death clearly and legibly. UNFADING INK. PLEASE TYPE OR WRITE PLAINLY, WITH

MARYLAND STATE DEPARTMENT 8140 CERTIFICATE	DEPARTMENT	OF	HEALTH—	-BALTIMO	RE,	18 ()	816	
	OI	F DEATH	I	Reg.	Dist.	No.		
ATH:			2. U	SUAL RESIDENC	E (HOME) O	F DECI	EASED:	

302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED;
COUNTY Washington MARYLAND	STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place)	OR TOWN Hagerstown
13 TOWN Hagerstown 4 days	02
INSTITUTION OR STREET ADDRESS Washington County Hospital	ADDRESS 846 Maryland Avenue
3. NAME OF (First) (Middle) (IDECEASED: (Type or Print) JOHN WILLIAM WOI	Last) 4. DATE (Month) (Day) (Year) OF DEATH: August 7 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, RACE: WIDOWED, DIVORCED. June 4,	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
OA. USUAL OCCUPATION (Give kind of work done during most of working life. oR INDUSTRY: aren, if retired) Moulder Statton Furniture Content of the Content of	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME: Mary C. Shilling
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mrs. Margaret Yetter Clearspring, Maryland
IMMEDIATE CAUSE ANTECEDENT CAUSE (S: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	brackemorrhage 72 hores
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	Vascular Recent Disease 10 yrs
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	
193. BATE OF OF ERATION.	20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., of the contribution of	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from S-H alive on 19.7, and that death occurred at SIGNATURE	
23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY) 8/10/55 Rose Hill Ce	RY OR CREMATORY LOCATION (City, town, or county) (State) emetery Hagerstown, Maryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRATE SIGNATURE REGISTRATE SIGNATURE	C. M. Suter & Sons Hagerstown, Maryland

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY FY & COUNTY WES OMIA MARYLAND CITY (If outside corporate limits, write RURAL) CITY(If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY (in this place) OR and give nearest town) OR TOWN HOSPITAL OR STREET (If rural give location) INSTITUTION OR **ADDRESS** STREET ADDRESS 3. NAME OF (First) Middle) (Last) DATE (Month) (Day) (Year) DECEASED: OF (Type or Print) OGIMG5 DEATH: H COLOR OR 7. 8. DATE OF 5. SEX: SINGLE, MARRIED, BIRTH: 9. AGE last birthday IF INDER I YEAR RACE: WIDOWED, DIVORCED, Months Days Hours (Specify): Married 12 C IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT work done during most of working life, OR INDUSTRY: COUNTRY? even if retired): \ . 0 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME 17. INFORMANT & ADDRESS: IS. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. (Yes, no, or unk,) (If Yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO ONSET AND DEATH IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES [NO 218. PLACE (Home, farm, factory, 21A. ACCIDENT WAS UNDERLYING 21c. WHERE DID (City or town) (County) (State) OF INJURY street, office bldg., etc. INJURY OCCUR? OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED While Not while 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Houp) OF INJURY at work at work ..., 1955, that I last saw the deceased 22. I hereby certify that I attended the deceased from , and that death occurred at 7:35AM, from the causes and on the date stated above. ADORESS DATE SIGNED M. D. NAME OF CEMETERY OR CREMATORY 23. BURIAL, CREMATION, DATE LOCATION (City, town, or county) REMOVAL (SPECIFY) REC/D ADDRESS

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BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8142

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
Mochineton	We gh
COUNTY Washington MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	
OR and give nearest town) OR and give nearest town) (in this place) Gays	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital	STREET (If rural give location) ADDRESS 601 W. Washington St.
	Ounker 4. DATE (Month) (Day) (Year) OF Aug 7 1955
Female White Widowed, Divorced, (Specify) Single Aug. 1	9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. North Days Hours Min. 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
work done during most of working life. even if retired) None None None	Hagerstown Md. COUNTRY?
13. PATRER S NAME;	
Ellsworth W. Younker	Susie M. Crouse
(Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:
of service)	Ellsworth W. Younker Hag. Md.
18. MEDICAL CERTIFICAT	TION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
7625 IMMEDIATE CAUSE (A) Pulmo	may Hydrin hanhare 3 days
ANTECEDENT CAUSE (8)	0
DISEASES OR CONDITIONS, IF ANY, (B)	edono 3 dap
STATING UNDERLYING CAUSE LAST. (C)	Today 7 day
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	y cap,
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	N 20. AUTOPSY?
	YES NO M
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY atreet, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory. 21c. WHERE DID (City or town) (County) (State) , etc. INJURY OCCUR?
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	D 21F, HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from . 8	1, 1901, to \$\frac{17}{7}, 1955, that I last saw the deceased
alive on 1005, and that death occurred at	ADDRESS DATE SIGNED
	1. D. 1 togething had. \$18750
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET REMOVAL (SPECIFY) BURIAL 8-8-55 ROSE Hill	Cemetery Hagerstown Md. (State)
DATE REC'D BY LOCAL REGISTRAR'S /S/GNATURE	24. FUNERAL DIRECTOR ADDRESS SCOTT F. Minnich & Son Hag. Md.

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